

L0500 0019835

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

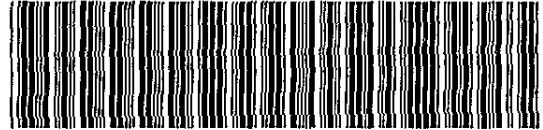
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200047115272

02/25/05--01027--010 **130.00

EFFECTIVE DATE
2-22-05

FILED
05 FEB 25 PM 12:50
TALLAHASSEE, FLORIDA

2815

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Integrative Medicine of Lake Mary, LLC

(Proposed company name - must include suffix)

Enclosed is an original and one (1) copy of the Limited Liability Company and a check for:

☐ \$125.00
Filing fee & Designation
of Registered Agent

☒ \$130.00
Filing Fee, Designation of
Registered Agent, &
Certificate of Status

☐ \$160.00
Filing Fee, Designation
of Registered Agent,
Certified Copy, &
Certificate of Status

Please return all correspondence concerning this matter to the following:

Ronald Lynch, M.D.
800 W. Lake Mary Blvd.
Sanford, Florida 32773

For Further information concerning this matter, please call: Ronald Lynch, M.D. at (407) 629-6998.

Street Address:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

FILED
05 FEB 25 PM 12:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION
OF
INTEGRATIVE MEDICINE OF LAKE MARY, LLC

The undersigned subscribers to this limited liability company, natural persons competent to contract, hereby form a limited liability company under the laws of the State of Florida.

ARTICLE I - NAME

The name of the Limited Liability Company is: Integrative Medicine of Lake Mary, LLC.

ARTICLE II - ADDRESS

The mailing address and the street address of the principal office of the Limited Liability Company is 800 W. Lake Mary Blvd., Sanford, Florida 32773.

ARTICLE III - REGISTERED AGENT

EFFECTIVE DATE
1/11/15

The registered agent of this company shall be:

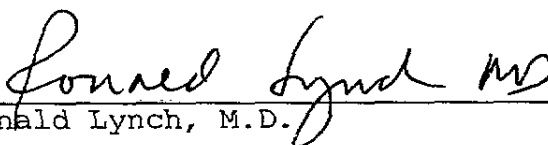
NAME

ADDRESS

Ronald Lynch, M.D.

800 W. Lake Mary Blvd.
Sanford, Florida 32773

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.


Ronald Lynch, M.D.

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05 FEB 25 PM 12:50
TALLAHASSEE, FLORIDA

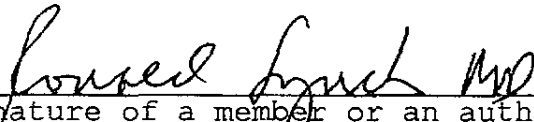
ARTICLE IV - MANAGEMENT

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u>	<u>Name and Address:</u>
Manager	Ronald Lynch, M.D. 800 W. Lake Mary Blvd. Sanford, Florida 32773

ARTICLE V - EFFECTIVE DATE

The effective date of the Limited Liability Company is requested to be February 22, 2005.



Signature of a member or an authorized
representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Ronald Lynch, M.D.

Printed name of signer

Filing Fees:

\$100.00 Filing Fee for Articles of Organization
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

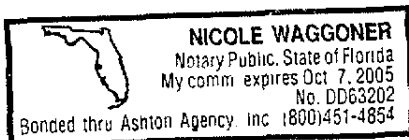
IN WITNESS WHEREOF, We have hereunto set our hands and seals, acknowledged and filed the foregoing Limited Liability Company under the laws of the State of Florida this 22 day of February, 2005.

Ronald Lynch M.D.
Ronald Lynch, M.D.

STATE OF FLORIDA)
)
COUNTY OF SEMINOLE)

The foregoing instrument was acknowledged before me this 22 day of February, 2005, by Ronald Lynch, M.D., who is personally known to me or who has produced driver's license as identification and who did take an oath.

FL DL # L520-720-54-413-0



Nicole Waggoner
Notary Public, State of Florida
At Large

My Commission Expires:

Having been named as Registered Agent and to accept Service of Process for the above-stated company at the place designated herein, I hereby accept the appointment as Registered Agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

Ronald Lynch M.D.
Ronald Lynch, M.D.

DATE: 2/22/05

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05 FEB 25 PM 12:50
TALLAHASSEE, FLORIDA