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# CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Integrative Medicine Healing  
Center, LLC

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Art of Inc. File

LTD Partnership File

Foreign Corp. File

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Fictitious Name File

Trade/Service Mark

Merger File

Art. of Amend. File

RA Resignation

Dissolution / Withdrawal

Annual Report / Reinstatement

☒ Cert. Copy

Photo Copy

Certificate of Good Standing

Certificate of Status

Certificate of Fictitious Name

Corp Record Search

Officer Search

Fictitious Search

Fictitious Owner Search

Vehicle Search

Driving Record

UCC 1 or 3 File

UCC 11 Search

UCC 11 Retrieval

Courier

Signature

Requested by:

Name

Date

Time

Walk-In

Will Pick Up

ARTICLES OF ORGANIZATION  
OF  
*Integrative Medicine Healing Center, LLC*

FILED  
05 JUL 11 AM 7:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLE I

NAME

The name of the Limited Liability Company is Integrative Medicine Healing Center, LLC.

ARTICLE II

ADDRESS

The mailing address of the Limited Liability Company's principal office is 5770 Roosevelt Blvd. Suite 300, Clearwater, Florida 33760.

The street address of the Limited Liability Company's principal office is 5770 Roosevelt Blvd. Suite 300, Clearwater, Florida 33760.

ARTICLE III

DURATION

The period of duration for the Limited Liability Company shall be perpetual.

ARTICLE IV

MANAGEMENT

The Limited Liability Company is to be managed by the member who is KAREN L. MUTTER, D.O. designated, appointed, or elected to act as the managing member in accordance with the Operating Agreement of the Limited Liability Company.

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

  
\_\_\_\_\_  
Authorized Representative

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

**UNDER THE PROVISIONS OF F.S. 608.415, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.**

**The name of the limited liability company is Integrative Medicine Healing Center, LLC.**

**The name and the Florida street address of the registered agent are:**

**Lynne Walder  
Attorney at Law  
777 South Harbour Island Blvd.  
Suite 128  
Tampa, FL 33602**

**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.**

**Lynne Walder  
Registered Agent**

**By: Lynne Walder**