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Account Name : CSH SERVICES, LLC
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FLORIDA/FOREIGN LIMITED LIABILITY CO.

INTEGRATIVE HEALTHCARE OPTIONS, LLC

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EXAMINER

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**ARTICLES OF ORGANIZATION FOR A
FLORIDA LIMITED LIABILITY COMPANY**

In compliance with Chapter 608, F.S.

ARTICLE I NAME

The name of the Limited Liability Company is:

INTEGRATIVE HEALTHCARE OPTIONS, LLC

ARTICLE II ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is:

4878 CAINS WREN TRAIL
SANFORD, FLORIDA 32771

**ARTICLE III REGISTERED AGENT, REGISTERED OFFICE &
REGISTERED AGENT SIGNATURE**

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

KALEEN RENEE RICHARDS
4878 CAINS WREN TRAIL
SANFORD, FLORIDA 32771

Having been named as registered agent 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.

x Kaleen Richards 4/24/09
KALEEN RENEE RICHARDS / Registered Agent's signature

4-09000100850-3

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PAGE 2 INTEGRATIVE HEALTHCARE OPTIONS, LLC

ARTICLE IV MANAGEMENT

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

ARTICLE V MEMBERS (optional)

MANAGING MEMBER
KALEEN RENEE RICHARDS
4878 CAINS WREN TRAIL
SANFORD, FLORIDA 32771

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TALLAHASSEE, FLORIDA

.....
x Kaleen Richards 4/24/09

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.

KALEEN RENEE RICHARDS

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