

L12000026137

(Requestor's Name)

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Special Instructions to Filing Officer:

W12-4163
A. LUNT
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EXAMINER

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2012 FEB 22 PM 1:08

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 23, 2012

LILIANA DIETSCH-VAZQUEZ
P.O. BOX 297883
PEMBROKE PINES, FL 33029-7883

SUBJECT: INTEGRATIVE METHODS, LLC
Ref. Number: W12000004163

We have received your document for INTEGRATIVE METHODS, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Florida Statutes require an entity to designate a street address for its principal office address. A post office box is not acceptable for the principal office address. The entity may, however, designate a separate mailing address. The mailing address may be a post office box.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt
Regulatory Specialist II

Letter Number: 612A00001572

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Integrative Methods

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Liliana Dietsch-Vazquez

Name of Person

Integrative Methods

Firm/Company

P.O. Box 297883

Address

Pembroke Pines, FL 33029-7883

City/State and Zip Code

info@integrativemethods.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Liliana Dietsch-Vazquez

Name of Person

at (954) 249-0773

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☒ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address

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

Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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CLERK OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION
For FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I: NAME

The name of the Limited Liability Company is:

Integrative Methods, LLC

ARTICLE II: PRINCIPAL OFFICE

The principal street address and mailing address of Integrative Methods, LLC is:

Street Address:
556 NW 208 Way
Pembroke Pines, FL 33029

Mailing Address:
P.O. Box 297855
Pembroke Pines, FL 33029-7855

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TALLAHASSEE, FLORIDA

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ARTICLE III: PURPOSE

This limited liability company will serve to offer therapeutic services to the special needs community via direct therapy, consultation, training, workshops, and other related.

ARTICLE IV: MANAGER(S) OR MANAGING MEMBER(S):

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

Title:

Name and Address:

President &
Manager

Liliana Dietsch-Vazquez
P.O. Box 297883
Pembroke Pines, FL 33029

ARTICLE V: DURATION

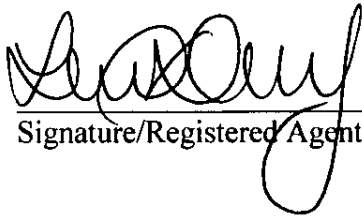
The period of duration of this limited liability company is: perpetual.

ARTICLE VI: INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Liliana Dietsch-Vazquez
556 NW 208 Way
Pembroke Pines, FL 33029

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..



Signature/Registered Agent

2/8/12

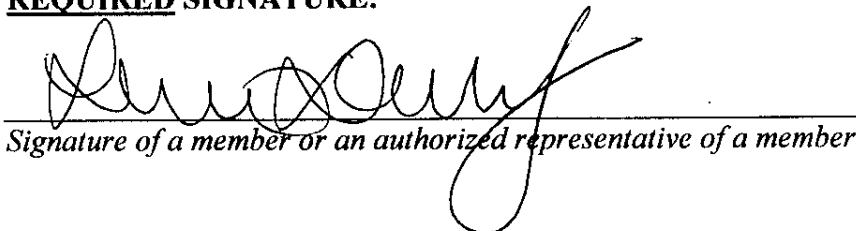
Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VII:

Effective date, if other than the date of filing: ASAP

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member

Liliana Dietsch-Vazquez
Typed name of signee

(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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)