

**L14000179061**

**Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet**

**Note: Please print this page and use it as a cover sheet. Type the fax and audit number (shown below) on the top and bottom of all pages of the document.**

(((H14000267581 3)))



H140002675813ABC1

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : FOWLER WHITE BURNETT P.A.  
Account Number : 071250001512  
Phone : (305) 789-9200  
Fax Number : (786) 437-4609

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: esalcedo@fowler-white.com

**FLORIDA LIMITED LIABILITY CO.  
INTEGRITY HEALTH SERVICES BROWARD LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

RECEIVED

14 NOV 18 AM 10:00

DIVISION OF CORPORATIONS  
BUREAU OF COMMERCIAL  
INFORMATION SERVICES

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

24 NOV 18 AM 4:44

FILED

Audit No. H140002675813

ARTICLES OF ORGANIZATION  
OF  
INTEGRITY HEALTH SERVICES BROWARD LLC

ARTICLE I

The name of the limited liability company formed hereby is INTEGRITY HEALTH SERVICES BROWARD LLC (the "Limited Liability Company").

ARTICLE II

The duration of the Limited Liability Company shall be perpetual.

ARTICLE III

The principal office and mailing address of the Limited Liability Company shall be as follows:

10585 SW 109 Court, Suite 208  
Miami, FL 33176

ARTICLE IV

The Registered Agent of the Limited Liability Company and his street address in the State of Florida are as follows:

Corporate Management Inc.  
8263 NW 30 Terrace  
Miami, FL 33122

Audit No. H140002675813

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2014 NOV 18 A 4:44

FILED

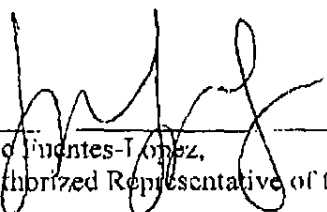
Audit No. H140002675813

ARTICLE V

The Limited Liability Company shall be manager-managed. The name and address of the initial Manager is as follows:

Carlos Rivero  
10585 SW 109 Court, Suite 208  
Miami, FL 33176

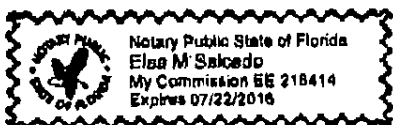
Raul Arce  
10585 SW 109 Court, Suite 208  
Miami, FL 33176


  
\_\_\_\_\_  
Jeannette Fuentes-Lopez,  
as Authorized Representative of the Member

STATE OF FLORIDA           )  
                                          )  
COUNTY OF MIAMI-DADE   )

BEFORE ME, personally appeared Jeannette Fuentes-Lopez, as Authorized Representative of the Member, ☒ who is personally known to me, or ☐ who produced \_\_\_\_\_ as identification, to be the person who executed the foregoing Articles of Organization.

IN WITNESS WHEREOF I have hereunto set my hand and official seal this 17 day of November, 2014.



  
\_\_\_\_\_  
Notary Public  
Print Name: Elsa M. Salcedo  
My Commission expires: \_\_\_\_\_

Audit No. H140002675813

FILED  
2014 NOV 18 A 4:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Audit No. H140002675813

CERTIFICATE OF DESIGNATION OF RESIDENT AGENT  
AND ACCEPTANCE OF DESIGNATION

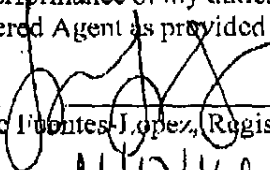
Pursuant to the provisions of Section 605.0113, Florida Statutes, the undersigned limited liability company organized under the laws of the state of Florida, submits the following statement in designating its Registered Office and Registered Agent in the State of Florida:

1. The name of the limited liability company is INTEGRITY HEALTH SERVICES BROWARD LLC.

2. The name and address of the Registered Agent and Office is:

Corporate Management Inc.  
8263 NW 30 Terrace  
Miami, FL 33122

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 605, F.S.

  
\_\_\_\_\_  
Jeannette Fuentes-Lopez, Registered Agent

Date: 11/17/14

INTEGRITY HEALTH SERVICES BROWARD LLC

By: 

\_\_\_\_\_  
Jeannette Fuentes-Lopez,  
as Authorized Representative  
of the Member

Audit No. H140002675813

**FILED**  
2014 NOV 18 A 4:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA