

L150000024909

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

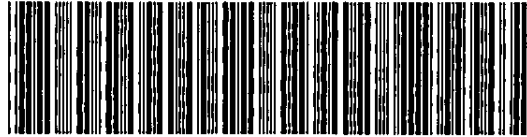
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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02/02/15--01040--003 **125.00

EFFECTIVE DATE

1-29-15

FILED

15 FEB -2 PM 1:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FEB 10 2015

T. BROWN

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Integral Healing LLC
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:

Reverend Lisa Ellen Graham
Name of Person

Integral Healing LLC
Firm/Company

5701 SW 50th Terrace
Address

miami FL 33155
City/State and Zip Code

lgraham72@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Reverend Lisa Ellen Graham at (305) 807-7153
Name of Person 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

EFFECTIVE DATE
1-29-15

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Integral Healing LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

5701 SW 50th Terrace
Miami FL 33155

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Reverend Lisa Ellen Graham

Name

5701 SW 50th Terrace

Florida street address (P.O. Box NOT acceptable)

Miami FL 33155

City

Zip

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.

Rev. Lisa E. Graham

Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
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CLERK OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

Lisa Ellen Graham
5701 SW 50th Terrace
Miami, FL 33155

MGR

Michelline Saliba
1617 Platte Avenue
North Brunswick, NJ 08902

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: January 29, 2015 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

ARTICLE VI: Other provisions, if any.

Formed for Peace & Healing

REQUIRED SIGNATURE:

Reverend Lisa E. Graham

Signature of a member or an authorized representative of a member.
(In accordance with section 605.0203 (1) (b), 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.)

Reverend Lisa Ellen Graham

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)