

L15000/85/66

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DIVISION OF CORPORATIONS
15 NOV -5 AM 11:03

W15-066 328

11/06/15



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 6, 2015

THOMAS F. BEGLEY
P.O. BOX 530068
ST. PETERSBURG, FL 33747

SUBJECT: INTEGRATED HEALTH CARE SYSTEMS, LLC
Ref. Number: W15000066328

We have received your document for INTEGRATED HEALTH CARE SYSTEMS, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is P01000058361 (INTEGRATED HEALTH CARE SYSTEMS, INC.).

If you have any further questions concerning your document, please call (850) 245-6052.

Thomas Chang
Regulatory Specialist II
New Filing Section

Letter Number: 815A00021101

Thomas F. Begley
P.O. Box 530068
St. Petersburg, FL 33747

TEL (727) 804-1594
FAX (727) 867-8580
tom@tbegley.com

November 3, 2015

Thomas Chung
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Integrated Health Care Systems, LLC
Ref Number: W15000066328

Dear Mr. Chung,

Please be advised that the principals in Integrated Health Care Systems, Inc. are the same principals in Integrated Health Care Systems, LLC.

Sincerely,



Thomas F. Begley

TB:wjr

15 NOV -5 PM 5:44
TALLAHASSEE, FLORIDA

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DIVISION OF CORPORATIONS
15 NOV -5 AM 11:03

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Integrated Health Care Systems, 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:

Thomas F. Begley

Name of Person

Integrated Health Care Systems, LLC

Firm/Company

P.O. Box 530068

Address

St. Petersburg, FL 33747

City/State and Zip Code

tom@tbegley.com

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

For further information concerning this matter, please call:

Thomas F. Begley at (727) 804-1594

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

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

Street Address

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I – Name:

The name of the Limited Liability Company is:

Integrated Health Care Systems, LLC

ARTICLE II – Address:

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

Principal Office Address:

3945 49th Avenue South
St Petersburg, FL 33711

Mailing Address:

PO Box 530068
St Petersburg, FL 33746

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

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

Thomas F Begley
3945 49th Avenue South
St Petersburg, FL, 33711

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.


Registered Agent's Signature

(CONTINUED)

ARTICLE IV

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

Title:

Name and Address:

AMBR

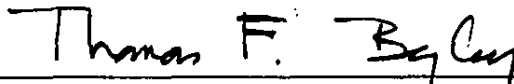
Thomas F. Begley
3945 49th Avenue South
St. Petersburg, FL 33711

AMBR

Shirley Spear Begley
3945 49th Avenue South
St. Petersburg, FL 33711

ARTICLE V: Effective date, if other than the date of filing: October 1, 2015

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
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.

Thomas F. Begley

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