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T SCHROEDER



Thomas A. Range

Akerman LLP
Suite 1200
106 East College Avenue
Tallahassee, FL 32301
Tel: 850.224.9634
Fax: 850.222.0103

January 21, 2016

VIA HAND DELIVERY

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

Re: Articles of Organization: Institute For Healthcare Innovation Strategies, LLC

To Whom It May Concern:

I have enclosed the Articles of Organization for the new Florida limited liability company, Institute For Healthcare Innovation Strategies, LLC, and a check in the amount of \$125.00 for the filing fee. If you have any questions, please do not hesitate to contact me.

Sincerely,

A handwritten signature in black ink that reads "Thomas A. Range". The signature is written in a cursive, flowing style.

Thomas A. Range

Enclosures

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: INSTITUTE FOR HEALTHCARE INNOVATION STRATEGIES, 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:

MARY K. OWENS

Name of Person

INSTITUTE FOR HEALTHCARE INNOVATION STRATEGIES, LLC

Firm/Company

3019 NORTH SHANNON LAKES DRIVE, SUITE 202

Address

TALLAHASSEE, FL 32309

City/State and Zip Code

MOWENS@SEC-RX.COM

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

For further information concerning this matter, please call:

JOHN A. OWENS

850

668-8525

at ()

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:

INSTITUTE FOR HEALTHCARE INNOVATION STRATEGIES, 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:

3019 N. SHANNON LAKES DR., SUITE 202
TALLHASSEE, FL 32309

Mailing Address:

3019 N. SHANNON LAKES DR., SUITE 202
TALLHASSEE, FL 32309

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:

JOHN A. OWENS

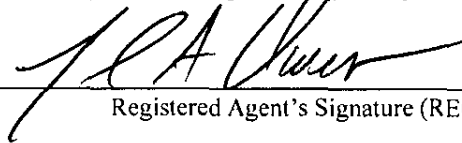
Name

3019 N. SHANNON LAKES DR., SUITE 202

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

<u>TALLHASSEE</u>	<u>FL</u>	<u>32309</u>
City	State	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..



Registered Agent's Signature (REQUIRED)

(CONTINUED)

16 JAN 21 PM 12:44
STATE
TALLAHASSEE, FL 32309

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

MARY K. OWENS

3019 N. SHANNON LAKES DR., SUITE 202

TALLHASSEE, FL 32309

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

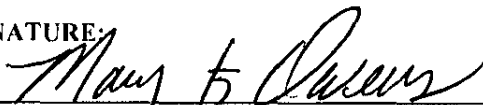
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

N/A

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.

MARY K. OWENS

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)

DEPARTMENT OF STATE
NOTARIZATION DIVISION
16 JAN 31 PM 12:44