

L16000 195910

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

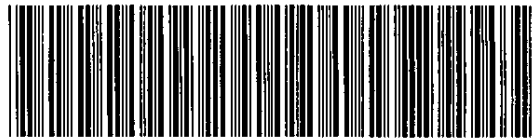
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only

N. SAMS

OCT 26 2016



000291359360

10/24/16--01011--008 \*\*125.00

2016 OCT 24 PM 12:43  
RECORDED  
FILED  
CLARK COUNTY, NV

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: BrainSIntegrative Health 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:

Raul G. Corredor  
Name of Person

BrainSIntegrative Health LLC  
Firm/Company

3661 South Miami Avenue, Suite 504  
Address

Miami, FL 33133  
City/State and Zip Code

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

For further information concerning this matter, please call:

Raul G. Corredor at ( 305 ) 4797349  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |   |   |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

BrainSIntegrative Health 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:

3661 South Miami Avenue, Suite 504  
Miami, FL 33133

Mailing Address:

3661 South Miami Avenue, Suite 504  
Miami, FL 33133

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:

Raul G. Corredor

Name

3661 South Miami Avenue, Suite 504

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

Miami

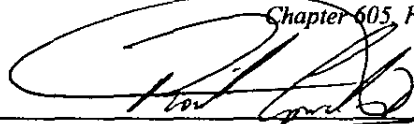
City

FL 33133

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)

2019 OCT 24 PM 12:43  
CLAY COUNTY, FLORIDA  
CLERK OF CIRCUIT COURT

**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:**

Raul G. Corredor

3661 South Miami Avenue, Suite 504

Miami, FL 33133

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

2016 OCT 24 PM 12:13  
RECEIVED  
CLERK OF COURT  
CLERK OF COURT

**ARTICLE V:** Effective date, if other than the date of filing: 11/01/2016 (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.

The purpose of the company is to offer health care services and products

\_\_\_\_\_

**REQUIRED SIGNATURE:**



**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.)

Raul G. Corredor

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)**


BrainSIntegrative Health LLC  
3661 South Miami Avenue, Suite 504  
Miami, FL

**INITIAL LIST OF MEMBERS**

The following named person(s) shall constitute the initial members of BrainSIntegrative Health LLC:

Raul G. Corredor  
3661 South Miami Avenue, Suite 504  
Miami, FL 33133

2016 OCT 24 PM 12:43  
TELEPHONE

  
\_\_\_\_\_  
Raul G. Corredor, Organizer

10/27/2016  
Date