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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: BrainSintegrative Health LLC		
Name of Li	mited Liability Company	
The enclosed Articles of Organization and fee(s) a	re submitted for filing.	
Please return all correspondence concerning this m	natter to the following:	
Raul G. Corredor	Name of Person	
	Name of Person	
BrainSIntegrative Health LLC_		
	Firm/Company	
3661 South Miami Avenue, Suite		
	Address	
Miami, FL 33133		
•	City/State and Zip Code	
raulgustavoca@hotmail.com E-mail address: (to be use	ed for future annual report notifica	ntion)
For further information concerning this matter, ple	ease call:	
Raul G. Corredor at (Name of Person	305 <u>4797349</u> Area Code Daytime Te	lephone Number
Name of Forson	Aica code Dayiine ic	repriorie realities
Enclosed is a check for the following amount:		
■ \$125.00 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	Street/Courier Add	ress
Registration Section	Registration Section	41

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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 L	iability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal offi-	ce of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
3661 South Miami Avenue, Suite 504 Miami, FL 33133	3661 South Miami Avenue, Suite 504 Miami, FL 33133
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own R another business entity with an active Florida registration.) The name and the Florida street address of the registered as	egistered Agent. You must designate an individual or)
	G • • • • • • • • • • • • • • • • • • •
Raul G. Corredor Name	
3661 South Miami Avenue, Su	ite 504
Florida street address (P.O. Box N	
Miami	FL 33133
City	Zip
the place designated in this certificate, I hereby accept t capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the oblig	ice of process for the above stated limited liability company at the appointment as registered agent and agree to act in this fall statutes relating to the proper and complete performance gations of my position as registered agent as provided for in 605 F.S
(CONTINUE	D)

Page 1 of 2

Signature of a member of 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	MGR" = Manager MGR 3661 South Miami Avenue, Suite 504 Miami, FL 33133 Use attachment if necessary) V: Effective date, if other than the date of filing: 11/01/2016 (OPTIONAL) tive date is listed, the date must be specific and cannot be more than five business days prior to or 90 filing.) VI: Other provisions, if any. use of the company is to offer health care services and products Signature of a member of 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 signce Filing Fees:	<u> Fitle:</u>	Name and Address:
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ARTICLE IV-

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

Raul G. Corredor, Organizer

10/27/2016

Date