## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : THE LAW OFFICES OF NICK SPRADLIN PLLC

Account Number : I20070000020 Phone : (813)435-3176 Fax Number : (713)429-1276

\*\*Enter the email accress for this business entity to be used for future annual report mailings. Enter only one email address please. \*\* (T)

Email Address:

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## FLORIDA LIMITED LIABILITY CO. South Florida Integrative Health, PLLC

Page Count Estimated Charge	\$125.00
Certified Copy	0 03
Certificate of Status	0

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Electronic Filing Menu Corporate Filing Menu

Help

Nov 28 2016 1:08PM NICK SPRADLIN 8133336358 ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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ARTICLE I - Name:

The name of the Limited Liability Company is:

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South	$\mathbf{F}$	lorida	. In	tegrai	live	H	iea	m,	ľ	L	$\mathcal{L}$

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

ARTICLE II - Address:

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

Frincipal Office Address.	Mainte (Addition)					
247 SW 8th St	247 SW 8th St					
#168	#168					
Miami, Florida 33130	Miami, Florida 33130					
ner materials and a community of the	-4-4 4 A49- G1					

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:

THE LAW OFFICES OF NICK SPRADLIN, PLLC
Name

2202 N. WEST SHORE BLVD. STE 200

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

TAMPA FLORIDA 33607

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)

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ARTICLE IV-

	Title:	Name and Address:
	"AMBR" = Authorized Member	<del></del>
	"MGR" = Manager	
	AMBR	David Traster
		247 SW 8th St #168
		Miami, Florida 33130
	AMBR	Kelsey Brenner
	78171211	247 SW 8th St #168
		Miami, Florida 33130
		·
	(Use attachment if necessary)	
	• •	
ARTIC	CLEV: Effective date, if other than the	e date of filing: (OPTIONAL)
		be specific and cannot be more than five business days prior to or 90 days after
	e of filing.)	
Note:		not meet the applicable statutory filing requirements, this date will not be listed
	cument's effective date on the Departi	ment of State's records.
	CLE VI; Other provisions, if any.	
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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.

NICKOLAS I. SPRADLIN AUTHORIZED REP OF A MEMBER
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)

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