

Division of Corporations

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# L18000170211

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 : GENOVESE JOBLOVE & BATTISTA, P.A.  
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Phone : (954) 453-8014  
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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: mfeluren@gjb-law.com

## FLORIDA LIMITED LIABILITY CO.

## Integrum Medical Group, LLC

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

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2018 JUL 13 PM 1:23  
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SECRETARY OF STATE  
TALLAHASSEE, FL

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**ARTICLES OF ORGANIZATION  
OF  
INTEGRUM MEDICAL GROUP, LLC  
a Florida Limited Liability Company**

The undersigned, being authorized to execute and file these Articles of Organization, hereby certifies that:

**ARTICLE I - Name:**

The name of the limited liability company (hereinafter referred to as the "Company") is Integrum Medical Group, LLC.

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Company is: 13611 S. Dixie Hwy #109 - 418, Miami FL, 33176.

**ARTICLE III - Registered Agent:**

The name and the Florida street address of the initial registered agent is Registered Agents Inc., 3030 N. Rocky Point Drive, Suite 150A, Tampa, FL 33607.

**ARTICLE IV - Management:**

The Company is to be manager managed. The current manager is Integrum Healthcare Corporation, 13611 S. Dixie Hwy #109 - 418, Miami FL, 33176.

**ARTICLE V - Existence of Company:**

The existence of the Company shall commence on the date these Articles of Organization are filed with the Florida Department of State.

IN WITNESS WHEREOF, the undersigned has signed these Articles of Organization and

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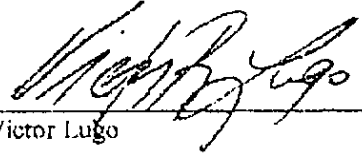
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acknowledged them to be its act this 13<sup>th</sup> day of July, 2018.

Integrum Healthcare Corporation, Member

By:

Victor Lugo



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*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 Agents Inc.

Bill Havre

- Assistant Secretary

Registered Agent's Signature (REQUIRED)

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