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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : CAPITOL SERVICES, INC.
Account Number : 120160000017
Phone : (855) 498-5500
Fax Number : (800) 432-3622

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

Email Address: _____

**FLORIDA LIMITED LIABILITY CO.
INTEGRATED REHAB CONSULTANTS FLORIDA, PLLC**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

SECRETARY OF STATE
TALLAHASSEE, FL

2018 DEC -3 AM 11:47

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COVER LETTER

TO: New Filing Section
Division of CorporationsSUBJECT: Integrated Rehab Consultants Florida, PLLC
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:

Name of Person

Capitol Services - Corporate Filings Team
Firm/Company515 East Park Avenue 2nd Fl

Address

Tallahassee, FL 32301

City/State and Zip Code

matt.ray@irehabconsultants.com

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

For further information concerning this matter, please call:

Name of Person at (855) 498 - 5600
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 AddressNew Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314Street AddressNew 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:

Integrated Rehab Consultants Florida, PLLC

(Must contain the words "Limited Liability Company," "LLC," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:401 N Michigan Ave, Suite 1200Chicago, IL 60611Mailing Address:**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:

Corporation Service Company

Name

1201 Hays StreetFlorida street address (P.O. Box NOT acceptable)TallahasseeFL32301

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 603, F.S.

April Miller

April Miller, Asst. Secretary

Registered Agent's Signature (REQUIRED)

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TALLAHASSEE, FL

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:**

Amit Patel 1110 Abbeys Way, Tampa, FL 33602

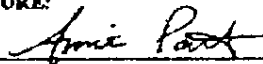
(Use attachment if necessary)

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.

The purpose for which this professional limited liability company is organized is to render professional services in the field of medicine (including psychiatry) by and through its member, officers, employees and agents, who shall be licensed to practice medicine as provided under the laws of the State of Florida. The company may employ ancillary personnel to work at the direction and under the supervision of the personnel who are licensed to practice medicine, as provided by law.

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.

Amit Patel, Member

Typed or printed name of signer

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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