

L22 000191484

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

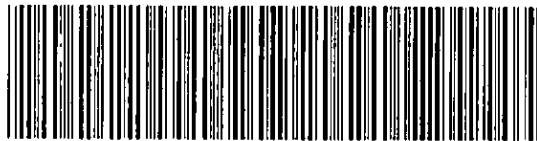
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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CLERK OF COURT
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2022 MAY -9 AM 9:57

CLERK OF COURT
TALLAHASSEE, FL

Advanced Incorporating Service

1317 California Street
P.O. Box 20396
Tallahassee, FL 32316

Phone: 850-222-CORP
Fax: 850-575-2724
Email: wlopez@aisincfl.com
Website: www.aisincfl.com

NAME OF ENTITY

*Optima Integrative
Medicine Orlando PLLC*

FOR OFFICE USE ONLY

PICK ONE:

☐ CERTIFIED COPY ☒ PHOTOCOPY ☐ C.U.S.

FILING:

☐ CORPORATION ☒ LLC ☐ LIMITED PARTNERSHIP ☐ GENERAL PARTNERSHIP
☐ FICTITIOUS NAME ☐ SERVICEMARK/TRADEMARK ☐ AMENDMENT
☐ FOREIGN QUALIFICATION ☐ JUDGMENT LIEN
☐ OTHER _____

RETRIEVAL:

☐ GOOD STANDING CERT/C.U.S. ☐ CERTIFIED COPY ☐ PHOTOCOPY
Of _____

APOSTILLE/NOTARY CERTIFICATION REQUEST:

Country _____

Amount of Documents _____

DATE 5/9/22 TIME _____

Notes: _____

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**SECRETARY OF STATE
TALLAHASSEE, FL**

ID

ARTICLES OF ORGANIZATION FOR

Optima Integrative Medicine Orlando PLLC

The undersigned, for the purpose of forming a professional limited liability company under the Florida Limited Liability Act, Chapter 605, hereby adopts the following Articles of Organization.

ARTICLE I: NAME AND PURPOSE

The name of the professional limited liability company is **Optima Integrative Medicine Orlando PLLC**. The specific nature of business of this Professional Limited Liability Company is **Healthcare Services practice**.

ARTICLE II: PRINCIPAL OFFICE

The principal office and mailing address of the company is **1954 W State Rd 426, Ste 1112, Oveido, FL 32765**.

ARTICLE III: MANAGERS

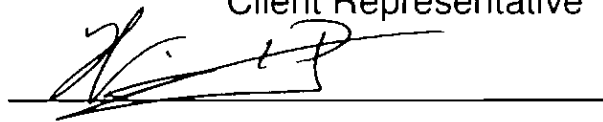
The name and address of the initial Manager of the company is:
Dr. Robert Abraham, Manager, 1954 W State Rd 426, Ste 1112, Oveido, FL 32765.

ARTICLE IV: REGISTERED AGENT AND ADDRESS

The name and address of the initial Registered Agent of the company is **Dr. Robert Abraham, 1954 W State Rd 426, Ste 1112, Oveido, FL 32765.**

The undersigned has executed these Articles of Organization this 9th day of May 2022.

"Advanced Filing and Retrieval Services, Inc. by, Weimar Lopez,
Client Representative"

A handwritten signature in black ink, appearing to read 'Weimar Lopez', is written over a horizontal line.

Authorized Representative

CERTIFICATE DESIGNATING REGISTERED AGENT AND REGISTERED OFFICE

Pursuant to the provisions of section 605.0113, Florida Statutes, the
aforementioned company, organized under the laws of the State of
Florida, submits the following statement designating the Registered
Agent and Registered Office, in the State of Florida.

Name of the professional limited liability company:

Optima Integrative Medicine Orlando PLLC

**Name and address of the Registered Agent and Registered
Office:**

Dr. Robert Abraham

1954 W State Rd 426, Ste 1112, Oveido, FL 32765

Having been named Registered Agent and to accept Service of
Process for the aforementioned company at the designated
place in this certificate, I hereby accept the appointment and
agree to act in its capacity, I further agree, am familiar with and
accept the obligations of my position as Registered Agent as
provided for in Chapter 605, Florida Statutes.

/s/: Dr. Robert Abraham

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