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TALLAHASSEE, FL

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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](mailto:wlopez@aisincfl.com)  
Website: [www.aisincfl.com](http://www.aisincfl.com)

NAME OF ENTITY <i>Omni Integrative Medicine of Orlando LLC</i>	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:

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Of \_\_\_\_\_

### APOSTILLE/NOTARY CERTIFICATION REQUEST:

Country \_\_\_\_\_

Amount of Documents \_\_\_\_\_

DATE 5/26/22    TIME \_\_\_\_\_

Notes: \_\_\_\_\_  
\_\_\_\_\_

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SECRETARY OF STA  
TALLAHASSEE, FL

# **ARTICLES OF ORGANIZATION FOR**

## **Omni Integrative Medicine of 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 **Omni Integrative Medicine of Orlando PLLC**. The specific nature of business of this Professional Limited Liability Company is medical practice.

### **ARTICLE II: PRINCIPAL OFFICE**

The principal office and mailing address of the company is **851 S State Road 434, #1200, Altamonte Springs, FL 32714**.

### **ARTICLE IV: REGISTERED AGENT AND ADDRESS**

The name and address of the initial Registered Agent of the company is **Advanced Filing and Retrieval Services, Inc., 1317 California Street, Tallahassee, FL 32304**.

The undersigned has executed these Articles of Organization this 26<sup>th</sup> day of May 2022.

/s/: Daniel Hollis  
Organizer/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.

**Omni Integrative Medicine of Orlando PLLC**, hereby names **Advanced Filing and Retrieval Services, Inc.**, located at **1317 California Street, Tallahassee, FL 32304** as its Registered Agent and Registered Office.

**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 608, Florida Statutes.**

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



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