

L22 000230646

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

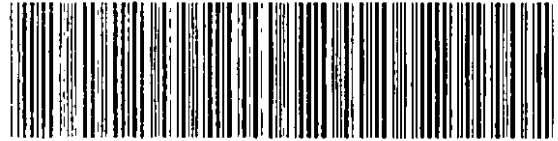
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

Office Use Only



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05/26/22--01013--021 **375.00

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2022 MAY 26 PM 2:43
ALLAHASSEE, FL 02
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SECRETARY OF STATE
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 <i>Omni Integrative Medicine Management PLLC</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:

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

APOSTILLE/NOTARY CERTIFICATION REQUEST:

Country _____

Amount of Documents _____

DATE 5/26/22 TIME _____

Notes: _____

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SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLES OF ORGANIZATION FOR

Omni Integrative Medicine Management 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 Management 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 **10933 Countryway Blvd, Tampa, FL 33626**.

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 26th day of May 2022.

/s/: Daniel Hollis
Organizer/Authorized Representative

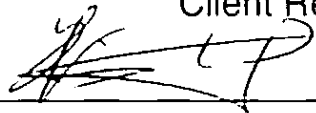
CERTIFICATE DESIGNATING REGISTERED AGENT AND REGISTERED OFFICE

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 Management 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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