

L22000506969

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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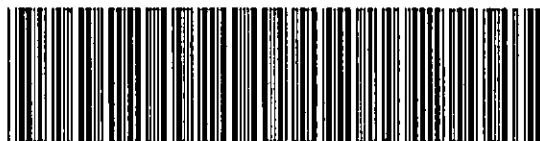
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Integrative Healthy MINDS, LLC  
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:

VERONICA GARIB

Name of Person

Firm/Company

8093 Dream Catcher Circle

Address

#3003

Naples, FL 34119

City/State and Zip Code

VEROGARIB@gmail.com

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

For further information concerning this matter, please call:

Veronica

Name of Person

at ( 239 )

Area Code

285 6140

Daytime Telephone Number

SECRETARY OF STATE  
TALLAHASSEE, FL 32301

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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 Address

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

FLORIDA LIMITED LIABILITY COMPANY

ARTICLES OF ORGANIZATION

OF

INTEGRATIVE HEALTHY MINDS, LLC

The undersigned subscriber, Veronica A Garib (Zalaquett), competent to contract for the purpose of forming a Limited Liability Company under the laws of the state of Florida, adopts the following Articles of Organization:

ARTICLE I

The name of the Limited Liability Company is: Integrative Healthy Minds, LLC

ARTICLE II

The Limited Liability Company may engage in any activity or business permitted under the laws of the United States of America and the state of Florida.

ARTICLE III

The principle place of business of this Limited Liability Company shall be located at 8093 Dream Catcher Circle #3003, Naples, Florida 34119. The Limited Liability Company may have such other places of business within and without the state of Florida, or in foreign countries as may be necessary or convenient as may be determined by the stockholders of the company.

ARTICLE IV

The name and mailing address of the first Manager or Managing Members of this Limited Liability Company who shall hold position for the first year of existence of the company or until his successor(s) is elected and qualified is:

Veronica A Garib (Zalaquett) – Managing Member (MGRM)  
8093 Dream Catcher Circle #3003  
Naples, Florida 34119

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TALLAHASSEE, FLORIDA

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ARTICLE V

The registered office for the company in the State of Florida is to be located at 8093 Dream Catcher Circle #3003, Naples, Florida, 34119, County of Collier, State of Florida. The registered agent in charge thereof is Veronica A Garib (Zalaquett), located 8093 Dream Catcher Circle #3003, Naples, Florida 34119, County of Collier.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 4th day of November, 2022.

 X  
Veronica A Garib (Zalaquett) - Managing Member

CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF  
PROCESS WITHIN THIS STATE, NAMING AGENT UPON WHOM PROCESS MAY BE  
SERVED

Pursuant to Chapter 605, Florida Statutes, the following is submitted in compliance with said

FIRST, Integrative Healthy Minds LLC, desiring to organize under the laws of the state of Florida with its principle office as indicated in the in the Articles of Organization, County of Collier, State of Florida, has named Veronica A Garib (Zalaquett), located at 8093 Dream Catcher Circle #3003, Naples, Florida 34119 County of Collier as its agent to accept service of process within this state.

ACKNOWLEDGEMENT

Having been named to accept service of process for the above stated Limited Liability Company, at place designated in this certificate, I, Veronica A Garib (Zalaquett) hereby accept to act in this capacity and agree to comply with the provision of said act relative to keeping open said office.

 X  
Veronica A Garib (Zalaquett)

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SECRETARY OF STATE  
ALLAHAMMAD

FILED

**FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLES OF ORGANIZATION**

**OF**

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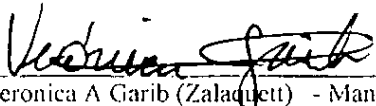
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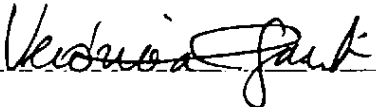
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