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Florida Department of State

Division of Corporations

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To:

Division of Corporations
Fax Number : (850) 922-4003

From:

Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305) 599-0839
Fax Number : (305) 716-0346

LIMITED LIABILITY COMPANY

INTEGRATIVE MEDICAL GROUP, L.L.C.

Certificate of Status	0
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

INTEGRATIVE MEDICAL GROUP, L.L.C.

ARTICLE II - Address:

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

16337 S.W. 15th Street
Pembroke Pines, FL 33027
Broward County

ARTICLE III - Duration:

Perpetual or until the majority of the organizers should dissolve the Limited Liability Company.

ARTICLE IV - Management:

The Limited Liability Company is to be managed by the following two managers and the names and addresses of the managing members are:

pac - 43452
Leonid Magidenko, M.D., P.A.
16337 S.W. 15th Street
Pembroke Pines, FL 33027

Better Health Consultants, Inc.
1928 S. Ocean Drive, Suite 403
Hallandale, FL 33009

ARTICLE V - Admission of New Members:

The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be:

By a vote from the majority of the members of the Limited Liability Company.

ARTICLE VI - Members Rights to Continue Business:

The right, if given, of the remaining members of the Limited Liability Company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be:

By a majority-in-interest of at least two remaining members which may elect to continue the existence and business of the Limited Liability Company in the event of any termination of the continued membership of any member.

Prepared By: ROBERT PETROCELLI
1920 East Hallandale Beach Blvd.
Suite No. 100
Hallandale, Florida 33009
Phone#(954)-456-5992

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ARTICLE VII - Member Expulsion:

The Limited Liability Company shall have the power to expel a member as provided in the Operating Agreement.

ARTICLE VIII - Member's Personal Liability:

A member's personal liability to the Limited Liability Company or its Members for monetary damages for breach of fiduciary duty shall be limited to the fullest extent permitted by the Florida Limited Liability Company Act.

ARTICLE IX - Affidavit of Membership and Contributions

The undersigned member of the Integrative Medical Group Limited Liability Company certifies:

- 1) the above named limited liability company has at least one member;
- 2) the total amount of cash contributed by the members is \$ 1,000.00;
- 3) if any, the agreed value of property other than cash contributed by members is \$ 0.00;
- 4) the total amount of cash and property contributed and anticipated to be contributed by members is \$ 1,000.00.

Sergey Landerman
Signature of member

(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Sergey Landerman

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**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: INTEGRATIVE MEDICAL
GROUP, L. L. C.

2. The name and the Florida street address of the registered agent are:

SERGEY LANDESHAN

NAME

1928 S. OCEAN DRIVE, SUITE 403

Florida street address (P. O. Box NOT ACCEPTABLE)

HALLANDALE, FL 33009

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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.

Sergey Landeshan
SIGNATURE

Filing Fee: \$ 35 for Designation of Registered Agent