

7/23/2016

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H15000179277 3)))



H150001792773ABC6

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : CRAIG W. SMALLEY, E.A., P.A.
Account Number : I20130000053
Phone : (407)949-0220
Fax Number : (800)541-9751

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

RECEIVED
15 JUL 23 PM 3:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Foreign Limited Liability Company
Integrated NeuroSciences of Orlando, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

FILED
15 JUL 23 AM 9:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUL 24 2015

S. YOUNG

H15000179277 3

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Integrated Neurosciences of Orlando, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

Integrated Neurosciences of Florida, LLC

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C." or "LLC.")

2. Nevada

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 47-4160741

(FEI number, if applicable)

4. 7/23/2015

(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. c/o CWSEAPA Entity Solutions, LTD 1489 W. Warm Springs Road, Suite 110

Henderson, NV 89014

(Street Address of Principal Office)

6. c/o CWSEAPA Entity Solutions, LTD 1489 W. Warm Springs Road, Suite 110

Henderson, NV 89014

(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Craig W. Smalley, E.A.

Office Address: 37 N. Orange Avenue, Suite 500

Orlando, Florida 32801

(City)

(Zip code)

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.



(Registered agent's signature)

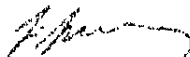
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

CWSEAPA Fiduciary Services, LTD

1489 W. Warm Springs Road, Suite 110

Henderson, NV 89014

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)



Signature of an authorized person

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Craig W. Smalley - Manager

Typed or printed name of signer

H15000179277 3

15 JUL 23 3 04 PM '15
FILED
DEPT OF STATE
TALLAHASSEE, FLORIDA

H15000179277 3

SECRETARY OF STATE



LIMITED LIABILITY COMPANY CHARTER

I, BARBARA K. CEGAVSKE, the Nevada Secretary of State, do hereby certify that **INTEGRATED NEUROSCIENCES OF ORLANDO, LLC** did on June 2, 2015, file in this office the Articles of Organization for a Limited Liability Company, that said Articles of Organization are now on file and of record in the office of the Nevada Secretary of State, and further, that said Articles contain all the provisions required by the laws governing Limited Liability Companies in the State of Nevada.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on June 2, 2015.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Certified By: Electronic Filing
Certificate Number: C20150602-1781
You may verify this certificate
online at <http://www.nvsos.gov/>

FILED
JUL 23 AM 9:04
15
SECRETARY OF STATE
CLERK OF COURTS

H15000179277 3

FAX COVER SHEET

TO	State of Florida
COMPANY	
FAXNUMBER	18506176383
FROM	Craig Smalley
DATE	2015-07-23 18:26:02 GMT
RE	H15000179277 3

COVER MESSAGE

Following this cover page is a foreign LLC

FILED
15 JUL 23 AM 9:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA