

**Electronic Articles of Organization
For
Florida Limited Liability Company**

L09000091772
FILED 8:00 AM
September 23, 2009
Sec. Of State
thampton

Article I

The name of the Limited Liability Company is:
C.C. HANDS ON CHIROPRACTOR LLC

Article II

The street address of the principal office of the Limited Liability Company is:
4100 EVANS AVE
14&16
FORT MYERS, FL. 33901

The mailing address of the Limited Liability Company is:
PO BOX 7585
FORT MYERS, FL. 33911

Article III

The purpose for which this Limited Liability Company is organized is:
ANY AND ALL LAWFUL BUSINESS.

Article IV

The name and Florida street address of the registered agent is:
GLADSON P FRANCOIS
4100 EVANS AVE
14&16
FORT MYERS, FL. 33901

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.

Registered Agent Signature: GLADSON P. FRANCOIS

Article V

The name and address of managing members/managers are:

Title: MGR
LUCILE PIERRE
PO BOX 7585
FORT MYERS, FL. 33911

Title: MGR
GLADSON P FRANCOIS
3401 26TH STREET W
LEEHIGH ACRES, FL. 33971

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Article VI

The effective date for this Limited Liability Company shall be:

10/19/2009

Signature of member or an authorized representative of a member

Signature: GLADSON P. FRANCOIS