

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

L16000222168  
FILED 8:00 AM  
December 08, 2016  
Sec. Of State  
jafason

**Article I**

The name of the Limited Liability Company is:  
ALINEA FAMILY CHIROPRACTIC, LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:  
5720 EVERGLADES BLVD. NORTH  
NAPLES, FL. US 34120

The mailing address of the Limited Liability Company is:  
5720 EVERGLADES BLVD. NORTH  
NAPLES, FL. US 34120

**Article III**

Other provisions, if any:  
CHIROPRACTIC SERVICES

**Article IV**

The name and Florida street address of the registered agent is:  
JAYME FREAR  
5720 EVERGLADES BLVD. NORTH  
NAPLES, FL. 34120

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: JAYME FREAR

## **Article V**

The name and address of person(s) authorized to manage LLC:

Title: AMBR  
JAYME FREAR  
5720 EVERGLADES BLVD. NORTH  
NAPLES, FL. 34120 US

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Signature of member or an authorized representative

Electronic Signature: CARRI BROWN

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.