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(Address)

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(City/State/Zip/Phone #)

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(Business Entity Name)

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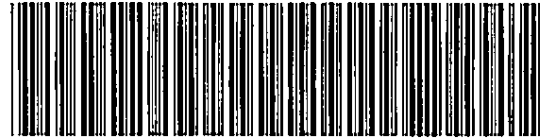
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FRANCHISING
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: Aligned Chiropractic and Wellness Center, 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:

Mary Seddique

Name of Person

Aligned Chiropractic and Wellness Center, LLC

Firm/Company

519 SW Bayshore Boulevard

Address

Port St. Lucie, Florida 34983

City/State and Zip Code

drmaryseddique@gmail.com

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

For further information concerning this matter, please call:

Mary Seddique at (772) 361-4879

Name of Person

Area Code

Daytime Telephone Number

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

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

Street Address

New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED
LIABILITY COMPANY**

ARTICLE I – NAME

The name of the Limited Liability Company is: Aligned Chiropractic and Wellness Center, LLC

ARTICLE II – Address:

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

Principal Office Address:

Mailing Address:

1305 West Midway Road

1305 West Midway Road

Fort Pierce, Florida 34982

Fort Pierce, Florida, 34982

ARTICLE III – Registered Agent, Registered Office & Registered Agent's Signature:

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

Mary Seddique

519 SW Bayshore Boulevard

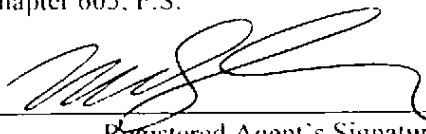
Port St. Lucie, Florida, 34983

OFFICE OF
FRANCHISING
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2022 AUG - 1 AM 8:50

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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 as provided for the Chapter 605, F.S.



Registered Agent's Signature

ARTICLE IV –Manager(s) or Managing (Member(s):

The name and address of each Manager or Managing Member is as follows:

Title

Name and Address:

“MGR” = Manager

“MGRM” – Managing Member

MGR_____

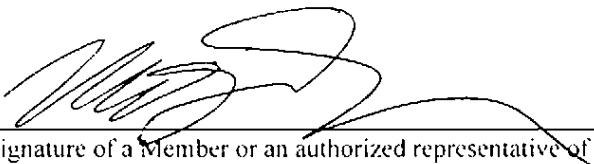
Mary Seddique_____

519 SW Bayshore Boulevard_____

Port St. Lucie, Florida 34983_____

ARTICLE V Purpose:

Providing chiropractic care including examinations of patients and utilizing spinal manipulation to relieve pain in joints and muscles.



Signature of a Member or an authorized representative of a member.

(In accordance with section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties that the facts stated are true). 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 817.155.F.S.).

Mary Seddique_____

Typed or printed name of signee