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Holly M. Darwin  
Second Wave Chiropractic, LLC  
4101 NW 37th Place Suite B  
Gainesville, FL 32606

January 24, 2024

Secretary of State  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

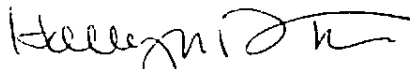
Re: Second Wave Chiropractic, LLC

Dear Sir or Madam:

Enclosed please find the original and one copy of Articles of Organization, together with a check in the amount of \$155.00. This represents the cost of the Filing Fees, Certified Copy of Articles of Organization and Fee for Registered Agent Designation for the above-named organization.

Please use the email address of drd@darwinchiro.com for notices. Thank you.

Very truly yours,



Holly M. Darwin  
Second Wave Chiropractic, LLC

Enclosures

check stapled here

## **ARTICLES OF ORGANIZATION**

of

### **SECOND WAVE CHIROPRACTIC, LLC**

The undersigned subscriber to these Articles of Organization, a natural person competent to contract, hereby forms a limited liability company under the laws of the State of Florida.

#### **ARTICLE I - ORGANIZATION NAME**

The name of the organization is Second Wave Chiropractic, LLC.

#### **ARTICLE II - DURATION**

The limited liability company shall exist perpetually unless dissolved according to Florida law.

#### **ARTICLE III - PURPOSE**

The limited liability company is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida, and to be afforded all the protections of the laws of the State of Florida afforded to limited liability companies.

#### **ARTICLE IV – ORGANIZATION OFFICE**

The organization's principal office address shall be as follows:

4101 NW 37th Place, Suite B  
Gainesville, FL 32606

The organization's mailing address shall be as follows:

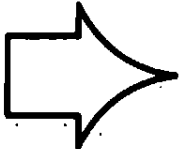
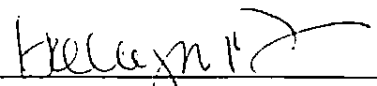
4101 NW 37th Place, Suite B  
Gainesville, FL 32606

**ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT & REGISTERED AGENT'S  
SIGNATURE**

The name and the Florida street address of the Initial Registered Office and Agent of this Organization is:

Holly M. Darwin  
5400 NW 39<sup>th</sup> Avenue Unit 44  
Gainesville, FL 32606

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 in Chapter 605, F.S.

**SIGN  
HERE**    
Holly M. Darwin, Registered Agent

**ARTICLE VI - MANAGERS**

This organization shall have one (1) manager initially. The number of managers may be either increased or diminished from time to time by the By-Laws but shall never be less than one (1). The name and address of the initial manager of the organization is as follows:

Holly M. Darwin  
5400 NW 39<sup>th</sup> Avenue Unit 44  
Gainesville, FL 32606

**ARTICLE VIII – SIGNER**

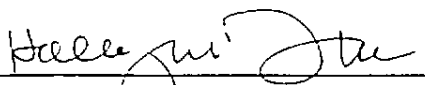
The name and address of the person signing these Articles of Organization is as follows:

Holly M. Darwin  
5400 NW 39<sup>th</sup> Avenue Unit 44  
Gainesville, FL 32606

**ARTICLE IX – MANAGEMENT**

The Limited Liability Company is to be managed by one or more managers who are also members and is, therefore, a member – managed company.

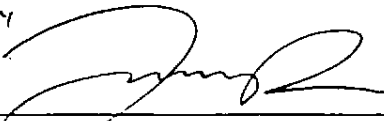
IN WITNESS WHEREOF, the undersigned subscriber has executed these Articles of Organization this \_\_\_ day of January, 2024

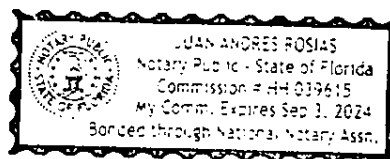
  
\_\_\_\_\_  
Holly M. Darwin

STATE OF FLORIDA  
COUNTY OF ALACHUA

BEFORE ME, a Notary Public authorized to take acknowledgments in the State and County set forth above, personally appeared Holly M. Darwin, known to me to be the person who executed the foregoing Articles of Organization, or who presented Valid FL DL as identification, and who acknowledged before me that she executed these Articles of Organization.

IN WITNESS WHEREOF, I have hereunto affixed my hand and seal, in the State and County aforesaid, this 6<sup>th</sup> day of ~~January~~ February, 2024.

  
\_\_\_\_\_  
Notary Public, State of Florida at Large  
My Commission Expires: 9/3/2024



2024