000000004421 Barry A. Sitkoff DC

1735 Brantley Road #2012 Fort Myers, Florida 33907 (941) 274-7029

April 4, 2000

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

900003197489--3 -04/06/00--01007--001 ****160.00 ****160.00

To Whom It May Concern:

Enclosed please find Articles of Incorporation for Chiropractic To Go LLC. The registered agents name and address is as follows:

Barry A. Sitkoff DC 1735 Brantley Road #2012 Fort Myers, FL. 33907 (941) 274 - 7029 L-4421 W-9609

Also enclosed is a check for \$160.00 for filing fees, designation of registered agent, certified copy, and certificate of status.

Thank you for your time in this matter. If you should have any questions please do not hesitate to call me at the above phone number.

Sincerely,

Barry A. Sitkoff DC

00 APR 18 AM 8:5



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

April 11, 2000

BARRY A. SITKOFF DC CHIROPRACTIC TO GO LLC 1735 BRANTLEY ROAD #2012 FORT MYERS, FL 33907

SUBJECT: CHIROPRACTIC TO GO LLC

Ref. Number: W00000009609



We have received your document for CHIROPRACTIC TO GO LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6958.

Lee Rivers Document Specialist

Letter Number: 400A00019861

Chiropractic To Go LLC Barry A. Sitkoff DC 1735 Brantley Road #2012 Fort Myers, Florida 33907 (941) 274-7029

April 14, 2000

Attention: Lee Rivers
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

OO APR 18 MM 8: 50

RE: REF. Number W00000009609 and Letter Number 400A00019861

Enclosed Please find a copy of the Articles of Organization for Chiropractic To Go LLC for resubmission. Also enclosed is a copy of the letter you sent me as requested.

I would like to apologize for the omission of my signature, it was an oversight on my part. I would also like to ask if it is possible to put a rush on my Certified Copy and Certificate of Status as the future of my new company depends on it.

Thank you very much for your time in this matter. If you should have any interest in further discussing any problems, please do not hesitate to contact me at (941) 274-7029.

Sincerely,

Barry A. Sitkoff DC

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - NAME

The name of the Limited Liability Company is:

CHIROPRACTIC TO GO LLC

ARTICLE II - Address:

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

Chiropractic To Go LLC 1735 Brantley Road #2012 Fort Myers, FL. 33907

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

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

Barry A. Sitkoff DC		8.	
Name	CONT.	AP	en-ej
1735 Brantley Road #2012	TANKY W	8 - 8	
Florida street address (P.O. Box NOT acceptable)	m⊆ E	2=	1 2 4 1
Fort Myers , FL. 33907	F ST	င္ဘာ	
City, State, and Zip	AND	50	

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 608, F.S..

My gthing DC 4-4-00 Registered Agent's Signature

Article IV - Management (Check box if applicable.)

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

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

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Typed or printed name of signee

FIILING FEES:

\$ 100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy(OPTIONAL)

\$ 5.00 Certificate of Status (OPTIONAL)