# LOI 6000005458 & TAYLOR

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\*ALSO ADMITTED IN THE DISTRICT OF COLUMBIA April 2, 2001

#### **VIA FEDERAL EXPRESS**

Florida Department of State ATTN: Division of Corporations 409 East Gaines Street Tallahassee, FL 32399

RE: Cassara Chiropractic Center, PLC

800003953658----04/03/01--01079--005 \*\*\*\*\*155.00 , \*\*\*\*\*155.00

#### Dear Sir/Madam:

Enclosed please find Articles of Organization for the captioned entity for filing. Also enclosed is a check in the amount of \$155.00 representing the filing fee of \$125.00, and \$30.00 for one certified copy.

If you have any questions, please do not hesitate to contact me.

Sincerely.

A. Dawn Massarell

Legal Assistant

#### **Enclosures**

CC:

Dr. Samuel Cassara, w/ enclosure

VIA FAX: 562-7677

Timothy Collins, CPA, w/ enclosure

VIA FAX: 778-5215

L01-5458 QC

# ARTICLES OF ORGANIZATION OF CASSARA CHIROPRACTIC CENTER, P.L.C., a Florida professional limited liability company

The undersigned incorporator hereby forms a professional limited liability company under Chapter 621 of the laws of the State of Florida.

#### ARTICLE I Name

The name of the professional limited liability company shall be as follows:

"CASSARA CHIROPRACTIC CENTER, P.L.C."

## ARTICLE II Address

The mailing address and street address of the principal office of the professional limited liability company is:

1125 12<sup>th</sup> Street, Suite B Vero Beach, FL 32960

# ARTICLE III Nature Of Business

This corporation shall be formed for the specific purpose of providing professional chiropractic services and may engage or transact in any and all lawful activities or business permitted pursuant to Section 621.08, F.S. No professional services shall be rendered by anyone other than an officer, shareholder, employee, or agent who is duly licensed to render such professional services in Florida.

# ARTICLE IV Registered Agent/Address

The name and address of registered agent is:

Dr. Samuel Cassara 1125 12<sup>th</sup> Street, Suite B Vero Beach, FL 32960 Having been named as registered agent and to accept service of process for the above stated professional 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.

Dr. Samuel Cassara

## ARTICLE V Management

The Professional Limited Liability Company is to be managed by the members and the name and address of the sole member is:

Dr. Samuel Cassara 1125 12<sup>th</sup> Street, Suite B Vero Beach, FL 32960

#### ARTICLE VI Additional Members

Additional members may be admitted to the professional limited liability company upon the written consent of each of the members.

# ARTICLE VII Miscellaneous

The liability of the officers, agents, employees, and members of the professional limited liability company shall be as specified in Section 621.07, F.S.

In the event any member becomes legally disqualified to render professional chiropractic services within the State of Florida or accepts employment that, pursuant to existing law, places restrictions or limitations upon that person's continued rendering of such professional chiropractic services, that person shall sever all employment with and financial interests in the professional limited liability company immediately pursuant to Section 621.10, F.S.

Except as otherwise set forth in these Articles of Organization and where otherwise required by law, the provisions of Chapters 608 and 621, F.S., shall apply to and govern

this professional limited liability company and its member(s).

IN WITNESS WHEREOF, the undersigned has hereunto set his hand and seal on this 3040 day of March, 2000.

Dr. Samuel Cassara, Sole Member