

LO10000010872

CHIROPRACTIC HEALTH CENTER
OF ENGLEWOOD, INC.

Ph. 941-474-9374
150 W. Dearborn St.
Englewood, FL 34223

City/State/Zip

Phone #

7/5

AMJH

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. 00789-00623-00671
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

W01-14516
100004435301--8
-06/21/01--01060--008
*****130.00 *****130.00

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

☐ Walk in

☐ Pick up time

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS

- ☐ Profit
- ☐ Not for Profit
- ☐ Limited Liability
- ☐ Domestication
- ☐ Other

AMENDMENTS

- ☐ Amendment
- ☐ Resignation of R.A., Officer/Director
- ☐ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

OTHER FILINGS

- ☐ Annual Report
- ☐ Fictitious Name

REGISTRATION/QUALIFICATION

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

FILED
01 JUL -5 PM 4:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

June 22, 2001

CHIROPRACTIC HEALTH CENTER OF ENGLEWOOD, INC.
150 W. DEARBORN ST.
ENGLEWOOD, FL 34223

SUBJECT: HARMS CHIROPRACTIC HEALTH CENTER LIMITED LIABILITY
COMPANY
Ref. Number: W01000014516

We have received your document for HARMS CHIROPRACTIC HEALTH CENTER LIMITED LIABILITY COMPANY and your check(s) totaling \$130.00. 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) 487-6051.

Michelle Hodges
Document Specialist

Letter Number: 201A00037983

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, Florida 32314
July 1, 2001

Att: Ms. Michelle Hodges

Re: Letter# 201A00037983

Dear Ms. Hodges:

We received your letter with our application. We are sending the application back with signature as requested. However, we would like to change the corporate name. I hope this does not present too much difficulty for you. Please change the corporate name to Peachland Chiropractic. Everything else remains the same. Thank you for your help.

Sincerely,

A handwritten signature in cursive script, appearing to read "Douglas R. Harms, D.C.", with a stylized flourish at the end.

Douglas R. Harms, D.C.
24123 C1 Peachland Blvd.
Port Charlotte, Florida 33954
(941) 474-5177

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: PEACHLAND CHIROPRACTIC
LIMITED LIABILITY COMPANY

ARTICLE II - Address:

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

24123 C1 PEACHLAND BLVD
PORT CHARLOTTE, FL 33954

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

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

DR DOUGLAS HARMS, SR
Name
24123 C1 PEACHLAND BLVD
Florida street address (P.O. Box **NOT** acceptable)
PORT CHARLOTTE FL 33954
City, State, and Zip

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..

DR Douglas Harms, Sr.
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)

DR Douglas Harms, Sr.
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.)

DR. DOUGLAS HARMS, SR.
Typed or printed name of signer

FILED
01 JUL -5 PM 4:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Filing 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)