

**L020000021692**  
TRANSMITTAL LETTER

April 10, 2002

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

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-08/22/02--01047--002  
\*\*\*\*125.00 \*\*\*\*125.00

SUBJECT: BENSON'S CHIROPRACTIC, LLC

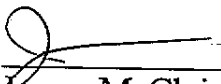
Dear Sir,

Enclosed please find the original and one (1) copy of articles of organization for BENSON'S CHIROPRACTIC, LLC, and a check in the amount of \$125.00 for the filing fee and a certificate of Status. You may contact me at (407) 292-1226 (daytime telephone).

Please return all documents to:

**Victor Niles Benson, DC**  
116 N. Wisconsin Avenue  
Muscoda, Wisconsin 53573

Sincerely

  
James McClain, Organizer

Encls: Original Articles of Incorporation  
One copy  
Check for \$125.00

FILED  
JUN 22 AM 10:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:  
Benson's Chiropractic, LLC

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:  
116 N. Wisconsin Avenue  
Muscoda, Wisconsin 53573

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

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

Name: James McClain

Florida street address: 10125 West Colonial Drive, Suite 206  
Ocoee, Florida 34761

*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.*

Registered Agent's Signature:

James McClain  
James McClain

**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)

James McClain  
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.)

James McClain  
James McClain, for Victor Niles Benson, DC  
Typed or printed name of signee

**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)

FILED  
02 MAR 22 AM 10:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA