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11-22-02

New Life
CHIROPRACTIC
CARE FOR YOUR LIFE & NOT YOUR SYMPTOMS!

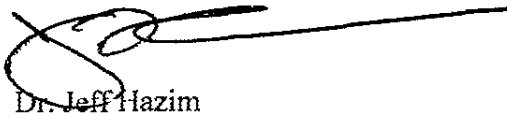
November 19, 2002

Registration Section
Division of Corp.
P. O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

Enclosed you will find the form "Articles of Organization for Florida Limited Liability Company". My address and telephone is also enclosed on the bottom of this letter. If you need any further information please contact my office.

Sincerely,


Dr. Jeff Hazim

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TALLAHASSEE, FLORIDA

AND
FILED

CHIROPRACTIC
Correcting Subluxations
~ since 1895

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

New Life Chiropractic Club LLC

ARTICLE II - Address:

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

6555 Powerline Rd Ste 103
Fort Lauderdale Florida 33309

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

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

Jeffrey HAZIM

Name

6555 Powerline Rd Ste 103

Florida street address (P.O. Box **NOT** acceptable)

Ft. Lauderdale FL 33309

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.

Registered Agent's Signature

(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.)

Jeffrey Hazim

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)

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TALLAHASSEE, FLORIDA

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