

L030000002185

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03 JAN 17 AM 10:1

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

(Requestor's Name)

(Address)

(Address)



100008714661

Palm Beach Chiropractic + Rehab.

1115 45th Street

West Palm Beach, FL 33407

11/14/02--01047--007 **100.00

(Business Entity Name)

01/02/03--01058--002 **25.00

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W002-32719

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FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

November 15, 2002

GLENN MILLER
1115 45TH STREET
WEST PALM BEACH, FL 33407

SUBJECT: PALM BEACH CHIROPRACTIC & REHAB L.L.C.
Ref. Number: W02000032719

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03 JAN 17 AM 10:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for PALM BEACH CHIROPRACTIC & REHAB L.L.C. and your check(s) totaling \$100.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The fees to file a Florida Limited Liability Company or register a Foreign Limited Liability Company are as follows: \$100 filing fee; and \$25 registered agent designation fee. Please include an additional \$30 for each certified copy requested (optional) and \$5.00 for each certificate of status requested (optional).

There is a balance due of \$25.00.

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) 245-6094.

Agnes Lunt
Document Specialist

Letter Number: 002A00062070

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

ARTICLE I - Name:

The name of the Limited Liability Company is:

03 JAN 17 AM 10:13

Palm Beach Chiropractic & Rehab L.L.C.
PALM BEACH, FLORIDA

ARTICLE II - Address:

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

1115 45th Street, West Palm Beach, FL 33401

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

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

Glenn Miller

Name

1115 45th Street

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

West Palm Beach FL 33407

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

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.)

Glenn Miller

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)