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BALDWIN & MORRISON, P. A.

ATTORNEYS & COUNSELLORS AT LAW 7100 SOUTH U. S. HIGHWAY 17-92

FERN PARK, FLORIDA 32730-2092

JOHN A. BALDWIN WILLIAM H. MORRISON CHRISTOPHER H. MORRISON

TELEPHONE (407) 834-1424 FAX (407) 834-4845

September 17, 2003

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

AMBSER 22 MIN 33 Incorporation of ALL FAMILY CHIROPRACTIC CENTER, L.L.C. RE:

To Whom it May Concern:

Enclosed for filing please find Articles of Incorporation of ALL FAMILY CHIROPRACTIC CENTER, L.L.C. and Acceptance of Registered Agent, together with our firm's check in the amount of \$78.75 for your fee and an envelope for your convenience in forwarding the recorded Articles.

Thank you for your attention to this request.

Sincerel

istopher H. Morrison

CHM/si Enclosure



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

September 30, 2003

RECEIVED OCT 0 3 2003

CHRISTOPHER H. MORRISON BALDWIN & MORRISON, P.A. 7100 SOUTH U.S. HWY. 17-92 FERN PARK, FL 32730-2092

SUBJECT: ALL FAMILY CHIROPRACTIC CENTER, L.L.C.

Ref. Number: W03000027969

AND SER 22 MIN. 33 We have received your document for ALL FAMILY CHIROPRACTIC CENTER, L.L.C. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

There is a balance due of \$46.25.

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your September 22, 2003. Please amend your document accordingly. Our office received your document on

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) 245-6043.

Joey Bryan **Document Specialist**

Letter Number: 803A00053722

ARTICLES OF ORGANIZATION OF ALL FAMILY CHIROPRACTIC CENTER, L.L.C.

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, F.S. Chapter 608, hereby make, acknowledge, and file the following Articles of Organization.

ARTICLE I - NAME

The name of the limited liability company shall be **ALL FAMILY CHIROPRACTIC CENTER, L.L.C.** ("Company").

ARTICLE II - ADDRESS

The mailing address and street address of the principal office of the company shall be 5509 Suncreek Court, Orlando, Florida 32839.

ARTICLE III - DURATION

The company's existence shall be perpetual unless the company is earlier dissolved as provided in these articles of organization.

ARTICLE IV - REGISTERED OFFICE AND AGENT

The name and address of the registered agent of the company in the State of Florida is Christopher H. Morrison, Esquire, 7100 South U.S. Highway 17-92, Fern Park, Seminole County, Florida 32730.

ARTICLE V - ADMISSION OF NEW MEMBERS

No additional members shall be admitted to the company except with the unanimous written consent of all the members of the company and on such terms and conditions as shall be determined by all the members. A member may transfer his or her interest in the company as set forth in the regulations of the company, but the transferee shall have no right to participate in the management of the business and affairs of the company or become a member unless all the other members of the company other than the member proposing to dispose of his or her interest approve of the proposed transfer by unanimous written consent.

ARTICLE VI - TERMINATION OF EXISTENCE

The company shall be dissolved on the death, bankruptcy, or dissolution of a member or manager, or on the occurrence of any other event that terminates the continued membership of a member in the company, unless the business of the company is continued by the consent of all the remaining members, provided there are at least two remaining members.

ARTICLE VII - MANAGEMENT

The company shall be managed by a manager in accordance with Regulations adopted by the members for the management of the business and affairs of the company. These Regulations may contain any provisions for the regulation and management of the affairs of the company not inconsistent with law or these articles of organization. The name and address of the initial manager of the company is GESNER LOUISIUS whose address is P.O. Box 555545, Orlando, Florida 32855.

ARTICLE VIII - EFFECTIVE DATE

In accordance with Section 608.409, Florida Statutes, the date when corporate existence shall commence is September 15, 2003.

IN WITNESS WHEREOF, the undersigned organizers have made and subscribed
these articles of organization at Fern Park, Florida, on this 110 day of 2013.
Thanks.
GESNER KOLTSKIS, Organizer/Member
Thanks.
STATE OF FLORIDA GESTER LOVISIUS, Applicant
COUNTY OF SEMINOLE
Sworn to and subscribed before me this 162 day of 2003, by GESNER LOUISIUS.
Stephanie K. Johnson
Notary Public - State of Florida
Print/Type/Stamp Name
Personally Known OR Produced Identification Type of Identification Produced
(SEAL)
(SEAL)
MY COMMISSION # DD 177626
EXPIRES: September 18, 2006 Bonded Thru Notary Public Underwriters





ACCEPTANCE OF REGISTERED AGENT

The undersigned, being the person named in the articles of organization of ALL FAMILY CHIROPRACTIC CENTER, L.L.C., as the registered agent of this limited liability company, hereby consents to accept service of process for the above stated company at the place designated in the articles of organization, and accepts the appointment as registered agent and agrees to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of his or her duties, and is familiar with and accept the obligations of the position of registered agent.

CHRISTOPHER H. MORRISON, ESQUIRE

