

L040000009038

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

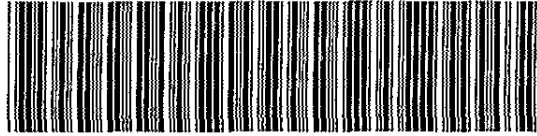
(Document Number)

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Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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L04-9038  
AR

**Merritt Chiropractic LLC  
170 Port Saint Lucie Blvd.  
Port Saint Lucie, FL 34984**

January 2004

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

Re: Merritt Chiropractic LLC

Gentlemen:

Enclosed herewith please find our check to cover the following fees:

|                                                 |                 |
|-------------------------------------------------|-----------------|
| Filing fees for Articles of Organization: ----- | \$100.00        |
| Designation of Registered Agent: -----          | 25.00           |
| Certificate of Status: -----                    | 5.00            |
| Total amount enclosed: -----                    | <u>\$130.00</u> |

Since we now need to establish bank accounts as well as apply for a Federal EIN, your earliest attention will be deeply appreciated.

Sincerely,



Robert B. Merritt

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**ARTICLE 1 Name:**

The name of the Limited Liability Company shall be:

**Merritt Chiropractic LLC**

**ARTICLE II - Address:**

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

Mail: **170 Port Saint Lucie Blvd., Port Saint Lucie, FL 34984**

Street: **170 Port Saint Lucie Blvd., Port Saint Lucie, FL 34984**

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

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

**Robert B. Merritt  
8288 SE Pine Circle  
Hobe Sound, FL 33455**


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 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 penalty of perjury that the facts stated herein are true.)

**Robert B. Merritt**  
Typed or printed name of signee

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**ARTICLE V - Officers**

The officers of **Merritt Chiropractic LLC** shall be:

**President:**                      **Robert B. Merritt**  
                                         **8288 SE Pine Circle**  
                                         **Hobe Sound, FL 33455**

**Secretary/Treasurer:**      **Robert B. Merritt**  
                                         **8288 SE Pine Circle**  
                                         **Hobe Sound, FL 33455**

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