

L04000009681

(Requestor's Name)

J. Meidel

1117 S.W. Del Rio Blvd.

PSL, FL 34953

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000027672000

01/28/04 -01027--006 \*\*130.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
04 JAN 27 AM 8:04

02/05/04

28

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

SYNERGY CHIROPRACTIC OF PSL, LLC

**ARTICLE II - Address:**

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

is: Mail: P.O. BOX #4544 Street: 1117 SW DEL RIO BLVD.  
Ft. Pierce, FL 34948 Ft. St. Lucie, FL 34953

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

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

Name: JAMES MEIDEL, DC

Florida street address: 1117 SW DEL RIO BLVD.  
Ft. St. Lucie, FL 34953

*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. without prejudice*

Registered Agent's Signature: *James Meidel, D.C.*

**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) *without prejudice*

*James Meidel, D.C.*  
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.) *without prejudice*

*James Meidel, D.C.*  
Typed or printed name of signer: JAMES MEIDEL, DC

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
04 JAN 27 AM 9:00