

L04000073616

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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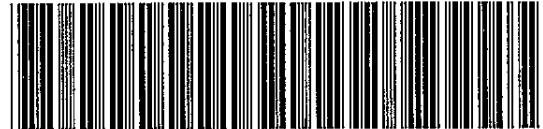
(Business Entity Name)

(Document Number)

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04 OCT 11 AM 8:24

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October 11, 2004  
TALLAHASSEE, FLORIDA  
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**CORPORATION NAME (S) AND DOCUMENT NUMBER (S):**

Relax Chirocare, PL

**Filing Evidence**

- ☒ Plain/Confirmation Copy
- ☐ Certified Copy

**Retrieval Request**

- ☐ Photocopy
- ☐ Certified Copy

**Type of Document**

- ☐ Certificate of Status
- ☒ Certificate of Good Standing
- ☐ Articles Only
- ☐ All Charter Documents to Include Articles & Amendments
- ☐ Fictitious Name Certificate
- ☐ Other

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	Non Profit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of RA Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Reports
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation
<input type="checkbox"/>	Reinstatement

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

**ARTICLES OF ORGANIZATION  
OF  
RELAX CHIROCARE, PL**

The undersigned, who is a duly licensed doctor of chiropractic medicine in the State of Florida and desiring to form a professional limited liability company in accordance with the Florida Limited Liability Company Act and the Florida Professional Service Corporation and Limited Liability, does hereby adopt the following Articles of Organization for the Limited Liability Company:

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FIRST: The name of the Limited Liability Company is RELAX CHIROCARE, PL

SECOND: The Limited Liability is organized for the purpose of engaging in the practice of medicine and to take all actions necessary or proper in connection with such practice.

THIRD: The mailing address and street address of the principal office of the Limited Liability Company is 5080 W. Colonial Drive, Orlando, FL 32808.

FOURTH: The street address of the initial registered office of the Limited Liability Company in Florida is 5080 W. Colonial Drive, Orlando, FL 32808 and the name of the Initial registered agent of the Limited Liability Company in Florida at that address is Daniel Jean.

FIFTH: The Members of the Limited Liability Company shall consist of not less than one Member. The Name and Address of the initial Members is:

Robert S. Cunningham  
5080 W. Colonial Drive  
Orlando, FL 32808

SIXTH: The Limited Liability Company is to be managed by the Managing Members.

IN WITNESS WHEREOF, the Members have executed and acknowledged these Articles of Organization on October 07, 2004

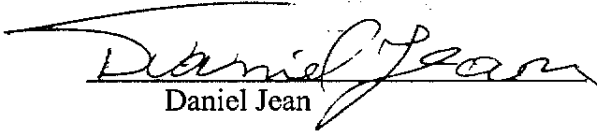
  
Robert S. Cunningham

**CONSENT TO APPOINTMENT  
BY REGISTERED AGENT**

I, having been named as Registered Agent for RELAX CHIROCARE, PL. hereby voluntarily consent to serve as Registered Agent for RELAX CHIROCARE, PL.

I know and understand the duties and responsibilities of a Registered Agent as set forth in the Florida Statutes Annotated Sections 608.401 to 608.471, and I hereby accept those duties and responsibilities.

Dated: October 07, 2004

  
Daniel Jean