L05000015613

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





400046334144

42/15/05--01022--010 **155.00





CORPORATE / \ ACCESS, /	236 East 6th Avenue	. Pallaha-as filas	da ti til t		
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	966 (1115-7066) ~ ((850 <u>)</u> 222- 1<i>-</i>G 6	·
10. 10. 10. 10. 10. 10. 10. 10. 10. 10.				Prog.	
	WALK	Ti.		300	5 1
• 🗸	PICK UP 314	<u> </u>	•	15 C	15 PM 2:53
/ ENTIFIED COPY		CUs		70	S. S. S.
BRITING COLI				7	7.
		/	110		-
PHOTO COPY	<u> </u>	. VIIIIIU		<u> </u>	
	er ver <u>and the second of the </u>	x		· .	
To Pal	Donto	110			
CORD'ORATE NAME & DOCUMENT (1)	POCIDY	ill			· ·
od otoric make a bosonism my	·		يعمل الدو		
					.÷
CORPORATE NAME & DOCUMENT IN					
				.	- ·
(CORPORATE NAME & DOCUMENT #)		. •			
(CORPORATE NAME & DOCUMENT II)	i i				
		:		-	
		, -			
PART A THE MAKES OF THE PART O					
CORPORATE HAME & DOCUMENT #)	•				
					: *
PECIAL INSTRUCTIONS	<u></u>				: <i>*</i>
		<u> </u>		· 	

ARTICLES OF ORGANIZATION OF THE BACK DOCTOR, LLC

The undersigned, being authorized to execute and file these Articles, hereby certifies the

ARTICLE I — Name:

The name of the Limited Liability Company is: The Back Doctor, LLC.

ARTICLE II — Address:

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

Principal Office Address:

Mailing Address:

1701 S. Alexander St., Suite 112-2 Plant City, Florida 33566 1701 S. Alexander St., Suite 112-2 Plant City, Florida 33566

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

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

Dr. Jeffrey E. Dunn 1701 South Alexander Street, Suite 112-2 Plant City, Florida 33566

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.

Jeffrey E. Dunn

ARTICLE IV - Managing Member

The name and address of the Managing Member is as follows:

Dunn Chiropractic, Inc. 1701 South Alexander Street, Suite 112-2 Plant City, Florida 33566

IN WITNESS WHEREOF, I have executed these Articles of Organization as an authorized representative of the Managing Member and acknowledge them to be my act this day of february, 2005.

DUNN CHIROPRACTIC, INC.

Jeffrey E. Dunn, DC, President

Managing Member