# 65000047792

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
516 FLCC
Office Use Only



05/06/05--01104--005 \*\*125.00

MJH

# FEE, KOBLEGARD & DeROSS

ATTORNEYS AT LAW An Affiliation of Professional Associations

401 SOUTH INDIAN RIVER DRIVE FORT PIERCE, FLORIDA 34950

FRANK H. FEE, III R.N. KOBLEGARD, III, -Board Certified Civil Trial Lawyer SANDRA G. RENNICK of FEE & KOBLEGARD, P.A.

٠

JOSEPH J. DeROSS, JR. of JOSEPH J. DeROSS, JR., P.A.

May 3, 2005

.

FRANK FEE (1913-1983) OTIS R. PARKER, JR. (1910-1982)

> TELEPHONE (561) 461-5020

> TELECOPIER (561) 468-8461

Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

#### Re: Back to Life Chiropractic of the Treasure Coast, LLC

Gentlemen:

Please find enclosed the original and one copy of the Articles of Organization for Back to Life Chiropractic of the Treasure Coast, LLC, and Acceptance by Registered Agent regarding the above limited Liability company.

I have also enclosed my check in the amount of \$125.00 as filing fee.

If anything further is required to process the articles, please advise.

Sincerely,

R. N. Koblegard, III

RNK:smb

Encs.

#### ARTICLES OF ORGANIZATION

OF

#### BACK TO LIFE CHIROPRACTIC OF THE TREASURE COAST, LLC

The undersigned authorized representative of the members, hereinafter named, certifies that the members have associated themselves together for the purpose of becoming a limited liability company pursuant to the laws of the State of Florida (Ch. 608, <u>Florida Statutes</u>), which provide for the formation, rights, privileges and immunities of limited liability companies for profit. The members further declare that the following Articles shall be the Charter and authority for the conduct of business of this limited liability company.

## ARTICLE I NAME

The name of this limited liability company is, and shall be BACK TO LIFE CHIROPRACTIC OF THE TREASURE COAST, LLC, and its principal place of business shall be in St. Lucie County, State of Florida, but it shall have the power and authority to establish branch offices at such place or places as may be designated by the members.

# ARTICLE II DURATION

. Н Ч

The period of duration of this limited liability company shall be thirty (30) years, unless unanimously agreed otherwise by the members.

# ARTICLE III PRINCIPAL PLACE OF BUSINESS

The principal office of this limited liability company shall be located at 704 Florida Avenue, Fort Pierce, FL 34950, and its mailing address shall be the same.

## ARTICLE IV INITIAL REGISTERED OFFICE AND REGISTERED AGENT

The address of the initial registered office of this limited liability company is **401 South Indian River Drive, Fort** 

**Pierce, Florida 34950,** and the name of its initial registered agent is **R. N. Koblegard, III, Esquire.** 

. \_ . . ....

## ARTICLE V RESTRICTIONS ON MEMBERSHIP

Members shall have the right to admit new members by unanimous consent. Capital contributions required of new members shall be determined as of the time of their admission to this limited liability company.

A member's interest in the limited liability company may not be sold or otherwise transferred except with unanimous consent of all members.

Upon the death, retirement, resignation, expulsion, bankruptcy or dissolution of a member, or the occurrence of any other event that terminates the continued membership of a member in the limited liability company, the remaining members shall have the right to continue the business upon unanimous consent of such remaining members.

# ARTICLE VI PURPOSE

The purposes for which this limited liability company is organized is to engage in any and all businesses and activities permitted by the laws of the State of Florida. This limited liability company shall have all of the powers vested by law in limited liability companies organized and existing pursuant to such laws.

## ARTICLE VII PROFIT AND LOSSES

The members shall be entitled to share in profits and losses arising from operation of the limited liability company business in proportion to their contributions of capital and in accordance with the tax basis of accounting used to prepare the Federal Form 1065. Distributions of net profits, or allocation of net operating losses, may be as set forth in a Members' Agreement unanimously adopted and accepted by the members.

## ARTICLE VIII MANAGEMENT

This limited liability company shall be managed by the members 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 names and addresses of the members of the company are:

Robert S. Cheyne 704 Florida Avenue Fort Pierce, FL 34950

Kristen K. Cheyne 704 Florida Avenue Fort Pierce, FL 34950

The undersigned hereby certifies that he is the duly authorized representative of all members hereinabove named of the limited liability company, and that the foregoing constitutes the Articles of Organization of **BACK TO LIFE CHIROPRACTIC OF THE TREASURE COAST, LLC.** 

Executed by the undersigned at Fort Pierce, St. Lucie County, Florida, on the *3rd* day of May, 2005.

By:

R. N. KOBLEGARD, III, ESQUIRE Attorney at Law Authorized Representative Pursuant to \$608.407, Florida Statutes

#### ACCEPTANCE BY REGISTERED AGENT

Having been named as registered agent to accept service of process for the above stated limited liability company at the place designated in these Articles, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

R. N. KOBLEGARD, III, ESQUIRE

DATE: May 3, 2005