L05000101450

	·		
(Re	equestor's Name)		
(Ac	ldress)		
(Ac	ldress)		
(City/State/Zip/Phone #)			
T PICK-UP	MAIT	MAII	
	L 177"	1877 N.C	
	· · · · · · · · · · · · · · · · · · ·	- ,	
(Bu	siness Entity Nan	ne)	
- 			
(Document Number)			
Cartified Carties	Ondie	at Oh-han	
Certified Copies	_ Ceлificates	or Status	
Special Instructions to Filing Officer:			
//	/ 1/		
//			
		* .	
//	11		
		1	
\bigvee	Office Use Only	4	



600060526606

10/14/05--01007--011 **125.00

10/14/05--01007--012 **30.00

THE PHIZING OF DETTIN MIND: 15
SECRETARESEE FLORIGA

SECRETARESEE FLORIGA

OF DETTIN MIND: 15

ACCESS, INC. 236 East 6th Avenue . Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) (850) 222-2666 or (800) 969-1666 . Fax (850) 22	22-1666
WALK IN	
PICK UP: 1914/05 Acide CERTIFIED COPY	7
☐ PHOTOCOPY ☐ CUS	TO TO
FILING 11C	5
1. Remedi Spa + Chiroppactic Cen (CORPORATE NAME AND EDICUMENT #)	iter UC
2. (CORPORATE NAME AND DOCUMENT #)	managa e e e e e e e e e e e e e e e e e e
3. (CORPORATE NAME AND DOCUMENT #)	
4. (CORPORATE NAME AND DOCUMENT #)	<u> </u>
5. (CORPORATE NAME AND DOCUMENT #)	
6. (CORPORATE NAME AND DOCUMENT #)	the second secon
SPECIAL INSTRUCTIONS:	



Section of the sectio

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

ARTICLE I — Name:

The name of the Limited Liability Company is: **REMEDI SPA & CHIROPRACTIC CENTER, 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.

Dr. 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 $\frac{13^{\frac{15}{12}}}{12^{\frac{15}{12}}}$ day of $\frac{12^{\frac{15}{12}}}{12^{\frac{15}{12}}}$, 2005.

DUNN CHIROPRACTIC, INC.

Jeffrey E. Dunn, DC, President

Managing Member