Electronic Articles of Organization
For
Florida Limited Liability Company

L06000057921
FILED 8:00 AM
June 07, 2006
Sec. Of State
ncausseaux

Article I

The name of the Limited Liability Company is:

FREEPORT FAMILY CHIROPRACTIC CLINIC, LLC

Article II

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

P.O. BOX 625
FREEPORT, FL. US 32439

The mailing address of the Limited Liability Company is:

P.O. BOX 625
FREEPORT, FL. US 32439

Article III

The purpose for which this Limited Liability Company is organized is:

ANY AND ALL LAWFUL BUSINESS.

Article IV

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

JENNIFER L LAIRD
40 WASHINGTON ST.
FREEPORT, FL. 32439

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.

Registered Agent Signature: JENNIFER L. LAIRD

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Article V

The name and address of managing members/managers are:

Title: MGR
JENNIFER L LAIRD
P.O. BOX 625
FREEPORT, FL. 32439 US

Article VI

The effective date for this Limited Liability Company shall be:

06/01/2006

Signature of member or an authorized representative of a member

Signature: JENNIFER L. LAIRD