

**Electronic Articles of Organization  
For  
Florida Limited Liability Company**

L06000107062  
FILED 8:00 AM  
November 03, 2006  
Sec. Of State  
jbryan

**Article I**

The name of the Limited Liability Company is:  
GENUINE CARE CHIROPRACTIC, LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:  
1803 BOULEVARD STREET  
JACKSONVILLE, FL. US 32206

The mailing address of the Limited Liability Company is:  
P O BOX 1711  
YULEE, FL. US 32041

**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:  
SMALL BUSINESS ASSOCIATES INC  
4070 HERSCHEL ST  
JACKSONVILLE, FL. 32210

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: SCOTT L ADAMS

### **Article V**

The name and address of managing members/managers are:

Title: MGR  
RICHEL CABIGTING  
1803 BOULEVARD ST  
JACKSONVILLE, FL. 32206

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### **Article VI**

The effective date for this Limited Liability Company shall be:

11/03/2006

Signature of member or an authorized representative of a member

Signature: VICTORIA J KIELY