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(Re	questor's Name)		
· (Ad	dress)		
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(Cit	ry/State/Zip/Phone	∍ #)	
PICK-UP	WAIT	MAIL	
(Bu	siness Entity Nar	ne)	
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(Do	cument Number)		
Certified Copies Certificates of Status			
Special Instructions to	Filing Officer:		
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Office Use Only



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SECRETARY OF STATE DIVISION OF CORPORATIONS





COVER LETTER

TO: Registration Se Division of Con				
_{SUBJECT:} Painte	r Chiropractic Cent	er LLC		
		d Liability Company)		
The enclosed Articles of	Organization and fee(s) are s	ubmitted for filing.		
Please return all corresp	ondence concerning this matte	er to the following:		
John Pete				
	_	Name of Person)		
Painter Ch	niropractic Center	(Firm/Company)		
5000 N 5			~	
5002 N. F	5002 N. Federal Hwy			
		,	A P S S S S S S S S S S S S S S S S S S	
Lighthous	se Point, FL 330			
	(City	/State and Zip Code)	*	
For further information	concerning this matter, please	call:	20 7: 43 - 43	
John Peter Pail	nter of Person)	at (954) 943-133 (Area Code & Daytime To		
(or . or borry ;	.'	,	
Enclosed is a check for	or the following amount:	•		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	f ,		u *	
r	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle		
i i i som	in Si	Tallahassee, FL 32301	÷	
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:			
The name of the Limited Liability Company is	•		
Painter Chiropractic Center LLC (Must end with the words "Limited Liability Company, "Limited Liability Company,"	ted Company" or their abbreviation "LLC," or "L.C.,")		
ARTICLE II - Address: The mailing address and street address of the p	rincipal office of the Limited Liability Comp	oany is	s:
Principal Office Address:	Mailing Address:		
5002 N. Federal Highway Lighthouse Point, FL 33064	5002 N. Federal Highway Lighthouse Point, FL 33064		
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registusiness entity with an active Florida registration.) The name and the Florida street address of the John Peter Painter	stered Agent. You must designate an individual or another	2006 NOV 27 AM	SECRETARY O OIVISION OF COR
Name		=	POR
2161 NE 28th Avenue		7:43	ATIO
Florida street ad	dress (P.O. Box NOT acceptable)	ယ	,
Pompano Beach, City, State,	FL 33062 and Zip	•	
registered agent and agree to act in this capacit statutes relating to the proper and complete pe	this certificate, I hereby accept the appointmenty. I further agree to comply with the provision erformance of my duties, and I am familiar wit istered agent as provided for in Chapter 608, I	nt as ns of a th and	11

(CONTINUED) Page 1 of 2

12-01:00

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: 12/1/06 (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) **REQUIRED SIGNATURE:** Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

John Peter Painter

that the facts stated herein are true.)

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)