Electronic Articles of Organization
For
Florida Limited Liability Company

L07000049769
FILED 8:00 AM
May 10, 2007
Sec. Of State
mthomas

Article I

The name of the Limited Liability Company is:

NEW SMYRNA BEACH CHIROPRACTIC CLINIC, PLC

Article II

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

665 N. DIXIE FREEWAY
NEW SMYRNA BEACH, FL. 32168

The mailing address of the Limited Liability Company is:

665 N. DIXIE FREEWAY
NEW SMYRNA BEACH, FL. 32168

Article III

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

CHIROPRACTIC CLINIC

Article IV

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

AMANDA PROKOP
665 N. DIXIE FREEWAY
NEW SMYRNA BEACH, FL. 32168

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: AMANDA PROKOP

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Article V

The name and address of managing members/managers are:

Title: MGRM
AMANDA PROKOP
665 N. DIXIE FREEWAY
NEW SMYRNA BEACH, FL. 32168

Article VI

The effective date for this Limited Liability Company shall be:

05/10/2007

Signature of member or an authorized representative of a member

Signature: LONNIE YOUNG