

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

L07000067280
FILED 8:00 AM
June 27, 2007
Sec. Of State
nculligan

Article I

The name of the Limited Liability Company is:
CHIEFLAND CHIROPRACTIC CENTER, LLC

Article II

The street address of the principal office of the Limited Liability Company is:
410 NORTH MAIN STREET
CHIEFLAND, FL. US 32626

The mailing address of the Limited Liability Company is:
6951 NW 52 CT. P O BOX 1095
CHIEFLAND, FL. US 32626

Article III

The purpose for which this Limited Liability Company is organized is:
CHIROPRACTIC CARE.□□□□□□□□

Article IV

The name and Florida street address of the registered agent is:
AMERICAN SAFETY COUNCIL, INC.
5125 ADANSON ST. SUITE 500
ORLANDO, FL. 32804

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: LAURA REGIER

Article V

The name and address of managing members/managers are:

Title: MGRM
KALYN GAY
6951 NW 52 CT. P O BOX 1095
CHIEFLAND, FL. 32626 US

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Article VI

The effective date for this Limited Liability Company shall be:

06/26/2007

Signature of member or an authorized representative of a member

Signature: KALYN GAY