

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

L07000086777  
FILED 8:00 AM  
August 24, 2007  
Sec. Of State  
alunt

## **Article I**

The name of the Limited Liability Company is:

BARE CENTER FOR CHIROPRACTIC WELLNESS, LLC

## **Article II**

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

3771 S PINE AVE  
OCALA, FL. 34478

The mailing address of the Limited Liability Company is:

3771 S PINE AVE  
OCALA, FL. 34478

## **Article III**

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

CHIROPRACTIC SERVICES

## **Article IV**

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

PRESTON BARE  
3771 S PINE AVE  
OCALA, FL. 34478

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: PRESTON BARE

## **Article V**

The name and address of managing members/managers are:

Title: MGRM  
PRESTON BARE  
3771 S PINE AVE  
OCALA, FL. 34478

L07000086777  
FILED 8:00 AM  
August 24, 2007  
Sec. Of State  
alunt

## **Article VI**

The effective date for this Limited Liability Company shall be:

08/24/2007

Signature of member or an authorized representative of a member

Signature: CACY BARE