

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

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

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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