

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

L09000013020  
FILED 8:00 AM  
February 09, 2009  
Sec. Of State  
ncausseaux

**Article I**

The name of the Limited Liability Company is:  
FILS CHIROPRACTIC AND REHAB CENTER, LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:  
2795 DAVIS BLVD SUIT K  
NAPLES, FL. US 34104

The mailing address of the Limited Liability Company is:  
2795 DAVIS BLVD SUIT K  
NAPLES, FL. US 34104

**Article III**

The purpose for which this Limited Liability Company is organized is:  
PERSONAL INJURY REHAB

**Article IV**

The name and Florida street address of the registered agent is:  
JACQUELINE FILS  
2795 DAVIS BLVD SUIT K  
NAPLES, FL. 34104

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: JACQUELINE FILS

### **Article V**

The name and address of managing members/managers are:

Title: MGRM  
CLEBSON FILS  
8200 PACIFIC BEACH DR  
FORT MYERS, FL. 33966 US

Title: MGRM  
JACQUELINE FILS  
2795 DAVIS BLVD SUIT K  
NAPLES, FL. 34104 US

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### **Article VI**

The effective date for this Limited Liability Company shall be:

03/01/2009

Signature of member or an authorized representative of a member

Signature: JACQUELINE FILS