Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H09000058445 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : ROSILLO & ASSOCIATES, P.A.

Account Number : I19990000127 Phone : (305)477-5671 Fax Number : (305)477-2640

EORIDA/FOREIGN LIMITED LIABILITY CO.

Toro Family Chiropractic, LLC

| Certificate of Status | 0 |
|-----------------------|----------|
| Certified Copy | 1 |
| Page Count | 02 |
| Estimated Charge | \$155.00 |

Electronic Filing Menu

Corporate Filing Menu

Help

M. THOMAS

MAR 1 3 2009

EXAMINER

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - NAME

The name of the Limited Liability Company is Toro Family Chiropractic, LLC

<u> ARTICLE II - ADDRESS</u>

The mailing address and street address of the principal office of the Limited Liability Company is: 6861 S.W. 44 Street - Suite 308 Miami, FL 33155

ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE & REGISTERED **AGENT'S SIGNATURE:**

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

Miguel Toro

Name

6861 S.W. 44 Street - No.308

Florida Street address (P.O. Box NOT acceptable)

Miami, FL 33155 City, State and Zip

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 attractives 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 as provided for in Chapter 608, F.S.

ARTICLE IV -MANAGEMENT
The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Miguel Toro

Typed of printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

25.00 Designation of Registered Agent

30.00 Certified Copy (Optional)

5.00 Certificate of Status (Optional)

T-110 P.003/003 F-041.

MANAGERS OF:

Toro Family Chiropractic, LLC

Miguel Toro 6861 S.W. 44 Street - No. 308 Miami, Fl 33155

SECRETARY OF STATE