

LOG 0000 45961

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

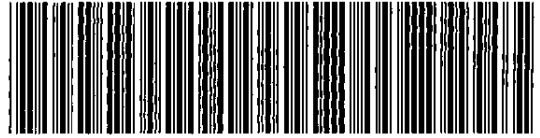
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

789 707 671

Office Use Only

POA-9145



200149614432

04/14/09--01033--014 **43.75

200149614432
05/12/09--01002--008 **106.25

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2009 MAY 11 PM 2:03
SECRETARY OF STATE
COLLIER COUNTY FLORIDA

M. THOMAS

MAY 12 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Yolaris Garcia chiropractic Center, L.L.C.
(Name of Resulting Florida Limited Company)

The enclosed Certificate of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 608.439, F.S.

Please return all correspondence concerning this matter to:

Yolaris Garcia
(Contact Person)

(Firm/Company)

11730 Biscayne Blvd. #202
(Address)

Miami, FL 33181
(City, State and Zip Code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Yolaris Garcia at (305) 981 0899
(Name of Contact Person) (Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount: \$106.25

- \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)
- \$155.00 Filing Fees and Certificate of Status
- \$180.00 Filing Fees and Certified Copy
- \$185.00 Filing Fees, Certified Copy, and Certificate of Status

STREET ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

YOLARIS GARCIA, D.C.

11730 Biscayne Blvd. #202 Miami, FL 33181
ph:(305) 981-0899 fax: (305) 981-9224

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TALLAHASSEE, FLORIDA
CLERK OF DISTRICT COURT

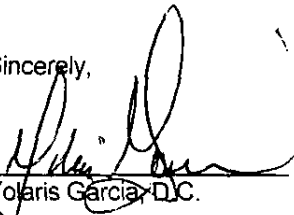
March 31, 2009

To Whom It May Concern:

Dear Sir or Madam:

This is to inform you that on 01/28/09 a name changed took place for an L.L.C. that I had formed. The original name was Yolaris Garcia Chiropractic Center, L.L.C. (L08000043899) and it changed to Awesome Chiropractic Center, INC. I actually want to go back to my original L.L.C., which is Yolaris Garcia Chiropractic Center, L.L.C. and file Awesome Chiropractic Center as a fictitious name, under Yolaris Garcia Chiropractic Center, L.L.C. Attached is the amendment form, as well as the fictitious name form. Thank you for your time and consideration on this matter.

Sincerely,



Yolaris Garcia, D.C.
Owner



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 17, 2009

YOLURIS GARCIA
11730 BISCANYNE BLVD. #202
MIAMI, FL 33181

SUBJECT: AWESOME CHIROPRACTIC CENTER, INC.
Ref. Number: P09000009145

We have received your document for AWESOME CHIROPRACTIC CENTER, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

There is a balance due of \$106.25.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas
Regulatory Specialist II

Letter Number: 709A00012950

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TALLAHASSEE, FLORIDA

Certificate of Conversion
For
"Other Business Entity"
Into
Florida Limited Liability Company

This Conversion and attached Articles of Organization are submitted to the Florida Department of State for the purpose of converting the following "Other Business Entity" into a Florida Limited Liability Company in accordance with s.608.439, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:

Awsome chiropractic Center, Inc PO# 9145
(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a Corporation
(Enter entity type. Example: corporation, limited partnership, sole proprietorship, general partnership, common law or business trust, etc.)

first organized, formed or incorporated under the laws of FL, USA
(Enter state, or if a non-U.S. entity, the name of the country)

on 5/10/09 01128109
(Enter date "Other Business Entity" was first organized, formed or incorporated)

3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws of which it is now organized, formed or incorporated:

4. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:

Yolaris Garcia chiropractic Center LLC
(Enter Name of Florida Limited Liability Company)

5. If not effective on the date of filing, enter the effective date: _____
(The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; AND 2) must be the same as the effective date listed in the attached Articles of Organization, if an effective date is listed therein.)

SECRETARY OF STATE
ALABAMA
2009 MAY 11 PM 2:03
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Signed this 29th day of April 2009

Signature of Member or Authorized Representative of Limited Liability Company:

Signature of Member or Authorized Representative: _____

Printed Name: Yolaris Garcia Title: owner / president

Signature(s) on behalf of Other Business Entity: [See below for required signature(s).]

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

If Florida Corporation:

Signature of Chairman, Vice Chairman, Director, or Officer.

If Directors or Officers have not been selected, an Incorporator must sign.

If Florida General Partnership or Limited Liability Partnership:

Signature of one General Partner.

If Florida Limited Partnership or Limited Liability Limited Partnership:

Signatures of ALL General Partners.

All others:

Signature of an authorized person.

Fees:

Certificate of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Yolaris Garcia Chiropractic Center, L.L.C.
(Must end with the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

11730 Biscayne Blvd.
#202
Miami, FL 33181

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

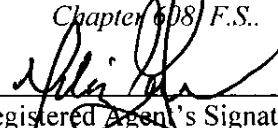
(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Yolaris Garcia
Name
11730 Biscayne Blvd - #202
Florida street address (P.O. Box **NOT** acceptable)
Miami, FL 33181
City, State, and Zip

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TALLAHASSEE, FLORIDA

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 as provided for in Chapter 608, F.S.


Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

Volaris Garcia (MGR)

Volaris Garcia

11730 Wisconsin Blvd. #202
Miami, FL 33181

(Use attachment if necessary)

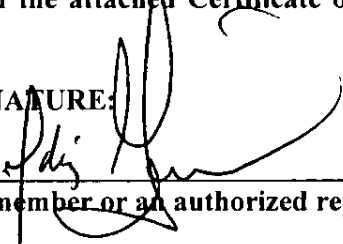
ARTICLE V: Effective date, if other than the date of filing: _____

(OPTIONAL)

(The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; AND 2) must be the same as the effective date listed in the attached Certificate of Conversion, if an effective date is listed therein.)

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STATE OF FLORIDA
SECRETARY OF STATE

REQUIRED SIGNATURE:



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.)

Volaris Garcia

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)