

# L09000063769

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Account Name : CSH SERVICES, LLC  
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## FLORIDA/FOREIGN LIMITED LIABILITY CO.

### IMAC INSURANCE GROUP LLC

Certificate of Status	0
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**ARTICLES OF ORGANIZATION FOR A  
FLORIDA LIMITED LIABILITY COMPANY**

In compliance with Chapter 608 and/or 621, F.S.

**ARTICLE I NAME**

The name of the Limited Liability Company is:

IMAC INSURANCE GROUP LLC

**ARTICLE II ADDRESS**

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

4095 STATE ROAD 7 SUITE L-109

LAKE WORTH, FLORIDA 33449

**ARTICLE III REGISTERED AGENT, REGISTERED OFFICE &  
REGISTERED AGENT SIGNATURE**

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

IAIN MCMILLAN

4095 STATE ROAD 7 SUITE L-109

LAKE WORTH, FLORIDA 33449

Having been named as registered agent 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.

x IAIN MCMILLAN

IAIN MCMILLAN / Registered Agent's signature

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IMAC INSURANCE GROUP LLC

**ARTICLE IV MANAGEMENT**

The Limited Liability Company is to be managed by one or more managers and is, therefore, a Manager Managed Company.

**ARTICLE V MANAGERS (optional)**

X



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.

IAIN MCMILLAN