

L090000088950

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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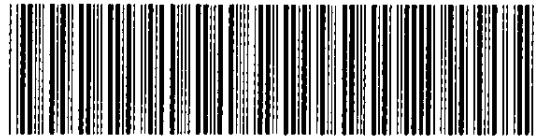
(Business Entity Name)

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09 SEP 15 PM 4:03
DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
09 SEP 15 AM 8:31
SECRETARY OF STATE
DIVISION OF CORPORATIONS

B. KOHR

SEP 16 2009

EXAMINER

CORPDIRECT AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

CONTACT: ASHLEY SMITH

DATE: 09-15-2009

REF. #: 000174.110880

CORP. NAME: ROBERT R. DEVINE, D.C., LLC

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DIVISION OF CORPORATIONS
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- | | | |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input type="checkbox"/> OTHER: | | |

STATE FEES PREPAID WITH CHECK# 1111 FOR \$ 155.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$ _____

PLEASE RETURN:

☒ CERTIFIED COPY

☐ CERTIFICATE OF GOOD STANDING

☐ PLAIN STAMPED COPY

☐ CERTIFICATE OF STATUS

Examiner's Initials

ARTICLES OF ORGANIZATION

ROBERT R. DEVINE, D.C., LLC,
a Florida limited liability company

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DIVISION OF CORPORATIONS
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ARTICLE I NAME

The business and affairs of the Limited Liability Company shall be conducted under the name of:

ROBERT R. DEVINE, D.C., LLC

ARTICLE II PRINCIPAL OFFICE

The street address and the mailing address of the principal place of business of the Limited Liability Company within the State of Florida shall be:

4141 S. Tamiami Tr., Suite 18
Sarasota, Florida 34231

ARTICLE III INITIAL REGISTERED AGENT/OFFICE

The registered office of the Limited Liability Company and its initial registered agent shall be:

Robert R. Devine
7338 Periwinkle Drive
Sarasota, Florida 34231

ARTICLE IV MANAGEMENT AND POWERS

The business and affairs of the Limited Liability Company shall be managed by one or more Managers elected as provided in the Regulations of the Limited Liability Company.

ARTICLE V
PURPOSES

The purposes of the Limited Liability Company are to engage in a chiropractic physician practice and any activity or business permitted under the laws of the United States and the State of Florida.

IN WITNESS WHEREOF, these Articles of Organization have been executed as of the
11 day of Sept., 2009.

WITNESSES:

T. Connolly
Print Name Tara Connolly

Molly Bernas
Print Name Molly Bernas

Robert R. Devine
Robert R. Devine

"MANAGER"

CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 608.415 of the Florida Statutes, the undersigned Limited Liability Company submits the following statement to designate a registered office and registered agent in the State of Florida.

1. The name of the Limited Liability Company is:

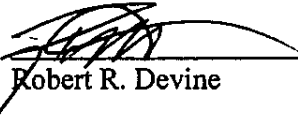
ROBERT R. DEVINE, D.C., LLC

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

Robert R. Devine
7338 Periwinkle Drive
Sarasota, Florida 34231

Having been named 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Date: 9-11-09


Robert R. Devine

"REGISTERED AGENT"