

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

L09000123287
FILED 8:00 AM
December 30, 2009
Sec. Of State
gmcleod

Article I

The name of the Limited Liability Company is:
TOTAL ACCIDENT INJURY CHIROPRACTIC, LLC.

Article II

The street address of the principal office of the Limited Liability Company is:
230 SOUTH DIXIE HWY
LAKE WORTH, FL. 334460

The mailing address of the Limited Liability Company is:
230 SOUTH DIXIE HWY
LAKE WORTH, FL. 334460

Article III

The purpose for which this Limited Liability Company is organized is:
ACCIDENT & INJURY TREATMENT

Article IV

The name and Florida street address of the registered agent is:
BOGDAN J STACHURA DR
1890 WISTERIA STREET
WELLINGTON, FL. 33414

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: BOGDAN JOZEF STACHURA

Article V

The name and address of managing members/managers are:

Title: MGR
BOGDAN J STACHURA DR
1890 WISTERIA STREET
WELLINGTON, FL. 33414

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Signature of member or an authorized representative of a member

Signature: BOGDAN JOZEF STACHURA