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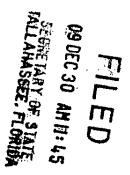
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EXAMINER

# **COVER LETTER**

TO:

**Registration Section** 

Division of Corporations
SUBJECT: JOHNSON CHIROPPACTIC, ACUPUNCTURE, AND OPENTAL MEDICINE, LIC.  Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
HEATHER ALISCH JOHNSON Name of Person
JOHNSON CHIROPRACTIC, ACUPUNCTURE, AND ORIENTAL MEDICINE, L.C. Firm/Company
P.O. Box 486
PAXTON, FL 30538  City/State and Zin Code
heather pjohnson @ gmail. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Heather Tahnson at (850) 834 Z118  Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\times \text{S130.00 Filing Fee & Certificate of Status}\$  Certificate of Status Certified Copy Certified Copy (additional copy is enclosed)  \$\text{Certified Copy} (additional copy is enclosed)}
Mailing Address  Registration Section  Division of Corporations  Street/Courier Address  Registration Section  Division of Corporations

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

P.O. Box 6327

Tallahassee, FL 32314

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

**Principal Office Address:** 

The name of the Limited Liability Company is:

JOHNSON	CHIROPRACTIC, ACUDUNCTURE, AND ORIENTAL MEDICINE, L.C., (Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")
ARTICLE I	I - Address: address and street address of the principal office of the Limited Liability Company is:

**Mailing Address:** 

22395 US HWY 381 N PAXTON, FL 32538	P.O. BOX 484 PAXTON, FL 32538
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)  The name and the Florida street address of the re	ered Agent. You must designate an individual or another
HEATHER JOHN	<u> </u>
Name	<sup>™</sup> 9 ≥ ID
22397 US HW	N 381 N 55 5 1
Florida street address (P.O.	
PAXTON	FL 32538
City, State, ar	nd 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 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)

## Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
MGR	HEATHER JOHNSON P.O. BOX 524
	PAXTON, FL 32538
MGR	KAREN JOHNSON
	P.O. Box 524 Payton, FL 32588
MGR	JOE JOHNSON
	P.O. BOX 524 PAKTON, FL 30538
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than	the date of filing: (OPTIONAL) t be specific and cannot be more than five business days prior
to or 90 days after the date of filing.)	t be specific and cannot be more than live business days prior
REQUIRED SIGNATURE:	
Heather Signature of a men	nber or an authorized representative of a member.
(In accordance with	section 608.408(3). Florida Statutes, the execution
of this document co that the facts stated	onstitutes an arritmation under the penalties of perjury 😜 🔍 💮
HEATHER	A JOHNSON Typed or printed name of signee
Filing Fees:	Special Programme or Special Control of the Control

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)