

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

L10000024660
FILED 8:00 AM
March 04, 2010
Sec. Of State
Isellers

Article I

The name of the Limited Liability Company is:
LIFESTRENGTH FAMILY CHIROPRACTIC, PLLC

Article II

The street address of the principal office of the Limited Liability Company is:
1250 WILDWOOD LAKES BLVD
108
NAPLES, FL. US 34104

The mailing address of the Limited Liability Company is:
1250 WILDWOOD LAKES BLVD
108
NAPLES, FL. US 34104

Article III

The purpose for which this Limited Liability Company is organized is:
PROFESSIONAL CHIROPRACTIC MEDICINE SERVICES

Article IV

The name and Florida street address of the registered agent is:
CADE M COPELAND
1250 WILDWOOD LAKES BLVD
108
NAPLES, FL. 34104

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: CADE M. COPELAND

Article V

The name and address of managing members/managers are:

Title: MGRM
CADE M COPELAND
1250 WILDWOOD LAKES BLVD, #108
NAPLES, FL. 34104 US

L10000024660
FILED 8:00 AM
March 04, 2010
Sec. Of State
Isellers

Signature of member or an authorized representative of a member

Signature: ADAM C. KERLEK, ESQ.