Electronic Articles of Organization
For
Florida Limited Liability Company

L10000039882
FILED 8:00 AM
April 13, 2010
Sec. Of State
dbruce

Article I

The name of the Limited Liability Company is:

FLORIDA CHIRO AND REHAB CENTER LLC

Article II

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

3615 CENTRAL AVE
5A
FORT MYERS, FL. US 33901

The mailing address of the Limited Liability Company is:

3615 CENTRAL AVE
5A
FORT MYERS, FL. US 33901

Article III

The purpose for which this Limited Liability Company is organized is:

CHIROPRACTIC SERVICES

Article IV

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

RODNEY FOUNTAIN
3615 CENTRAL AVE
5A
FORT MYERS, FL. 33901

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: RODNEY FOUNTAIN

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Article V

The name and address of managing members/managers are:

Title: MGRM
RODNEY FOUNTAIN
2121 MICHIGAN AVE
PENSACOLA, FL. 32526

Title: MGR
VIVIANE OCTELA
1198 DEWHURST ST
PORT CHARLOTTE, FL. 33952 US

Article VI

The effective date for this Limited Liability Company shall be:

04/13/2010

Signature of member or an authorized representative of a member

Signature: RODNEY FOUNTAIN