

Division of Corporations

Page 1 of 1

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H10000085420 3)))



H100000854203ABCU

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.  
Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : MIZELL LAW FIRM, P.A.  
Account Number : I20060000056  
Phone : (941) 575-9291  
Fax Number : (941) 575-9296

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

skky03@yahoo.com

FLORIDA LIMITED LIABILITY CO.  
Lehigh Family Chiropractic, PLLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

RECEIVED  
10 APR 14 PM 4:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDAFILED  
10 APR 14 AM 8:08  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

G. MCLEOD

Electronic Filing Menu

Corporate Filing Menu

Help

APR 15 2010  
EXAMINER

H100000854203

**ARTICLES OF ORGANIZATION  
OF  
LEHIGH FAMILY CHIROPRACTIC, PLLC**

Pursuant to Section 608.407, and Section 621.051 Florida Statutes, these Articles of Organization for a Professional Limited Liability Company provide that:

**ARTICLE I - NAME**

The name of the Professional Limited Liability Company is LEHIGH FAMILY CHIROPRACTIC, PLLC.

**ARTICLE II - ADDRESS**

The mailing address and the street address of the principal office of the Professional Limited Liability Company is 6900 Daniels Parkway, Suite 32, Fort Myers, FL 33912.

**ARTICLE III - REGISTERED AGENT**

The name and street address of the initial registered agent for service of process is Amy R. Lehigh of 6900 Daniels Parkway, Suite 32, Fort Myers, FL 33912.

**ARTICLE IV - MANAGEMENT**

The Company shall be a member managed company.

**ARTICLE V - DURATION**

The duration of this Company shall be perpetual.

**ARTICLE VI - PURPOSE**

The purpose for which this Company is formed is to engage in the licensed practice of chiropractic.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION

10 APR 14 AM 8:08

H100000854203

H100000854203

IN WITNESS WHEREOF, the undersigned, has hereunto subscribed their names and affixed their seal this 14<sup>th</sup> day of April, 2010.

Witnesses to both:

Joann C. LohrPrint Name: JOANN C. LOHRDanielle N. DoeblerPrint Name: Danielle N. DoeblerAmy R. Lehigh

Amy R. Lehigh, Member Manager

Joann C. LohrPrint Name: JOANN C. LOHRDanielle N. DoeblerPrint Name: Danielle N. DoeblerCorey E. Lehigh

Corey E. Lehigh, Member

STATE OF PENNSYLVANIA:

COUNTY OF Mifflin:

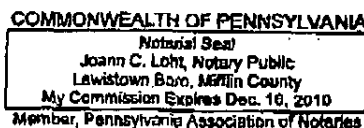
I HEREBY CERTIFY that on this day, before me, a Notary Public duly authorized in the State and County named above to take acknowledgments, personally appeared Amy R. Lehigh and Corey E. Lehigh to me known to be the persons described as member organizers, and who executed the foregoing Articles of Organization, and they acknowledged that they executed the same for the purposes therein stated and did not take an oath.

WITNESS my hand and official seal in the State and County aforesaid this 14<sup>th</sup> day of April, 2010.

Joann C. LohrPrinted Name: JOANN C. LOHR

Notary Public

State of Pennsylvania

Commission Number: 133410Commission Expiration Date 12/16/2010

H100000854203

H100000854203


**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415, AND SECTION 621.051, BOTH OF THE FLORIDA STATUTES, THE UNDERSIGNED PROFESSIONAL LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA:

1. The name of the Professional Limited Liability Company is LEHIGH FAMILY CHIROPRACTIC, PLLC.
2. The name and address of the registered agent and office is:

Amy R. Lehigh, 6900 Daniels Parkway, Suite 32, Fort Myers, FL 33912.

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.

  
\_\_\_\_\_  
Amy R. Lehigh

Dated: 4-14-10