

L1000000L4398

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

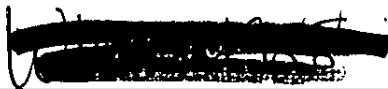
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

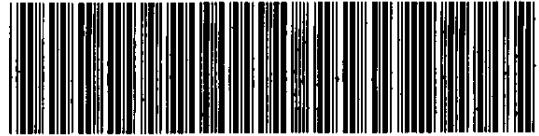
**L. SELLERS**

JUN 16 2010

**EXAMINER**



Office Use Only



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05/20/10--01014--001 \*\*125.00

**FILED**  
16 JUN 15 PM 3:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Brain Works Functional Neurology and Chiropractic Clinic, LLC**  
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:

Roderick J. Kirk

Name of Person

Brain Works Functional Neurology and Chiropractic Clinic, LLC

Firm/Company

926 Mina Ave NE

Address

Palm Bay, FL 32907

City/State and Zip Code

joekirkdc@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Roderick Kirk

Name of Person

at ( 321 ) 298-5577

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$160.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**Mailing Address**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street/Courier Address**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 21, 2010

RODERICK J. KIRK  
1320 CULVER DRIVE, STE. 4  
PALM BAY, FL 32907

SUBJECT: BRAIN WORKS FUNCTIONAL NEUROLOGY AND CHIROPRACTIC  
CENTER, LLC  
Ref. Number: W10000024988

We have received your document for BRAIN WORKS FUNCTIONAL  
NEUROLOGY AND CHIROPRACTIC CENTER, LLC and your check(s) totaling  
\$125.00. However, the enclosed document has not been filed and is being  
returned for the following correction(s):

The registered agent must sign accepting the designation.

Section 608.407, Florida Statutes, requires the document(s) to be signed by a  
member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or  
your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call  
(850) 245-6967.

Leslie Sellers  
Regulatory Specialist II

Letter Number: 810A00012965

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

Brain Works Functional Neurology and Chiropractic Clinic, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

### ARTICLE II - Address:

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

#### Principal Office Address:

1320 Culver Drive NE Unit 4

Palm Bay, FL 32907

#### Mailing Address:

926 Mina Ave NE

Palm Bay, FL 32907

### ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Roderick Kirk

Name

926 Mina Ave NE

Florida street address (P.O. Box **NOT** acceptable)

Palm Bay

FL 32907

City, State, and 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.*

Roderick J. Kirk

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

**FILED**  
10 JUN 15 PM 3:55  
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TALLAHASSEE, FLORIDA

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR

Roderick J. Kirk

926 Mina Ave NE

Palm Bay, FL 32907

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_. (OPTIONAL)  
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**

  
\_\_\_\_\_  
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

RODERICK J. KIRK  
\_\_\_\_\_  
Typed or printed name of signee

**Filing Fees:**

**\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent**

**\$ 30.00 Certified Copy (Optional)**

**\$ 5.00 Certificate of Status (Optional)**