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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

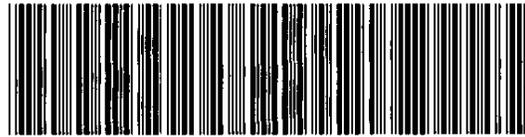
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**LAW OFFICES OF  
CIANFRONE & De FURIO**  
*A Partnership of Professional Associations*  
1964 Bayshore Boulevard, Suite A  
Dunedin, Florida 34698

Joseph R. Cianfrone, P.A.  
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(727) 738-1100  
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Stephan C. Nikoloff, Esq.  
Tiffany A. Grant, Esq.  
Allison J. Brandt, Esq.

July 15, 2010

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
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**Re: Articles of Organization  
LaRocca Chiropractic Centers, LLC**

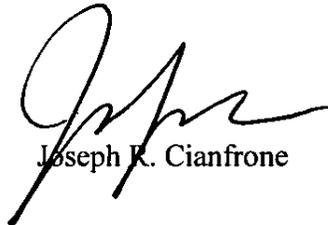
Dear Sir or Madam:

Enclosed please find the original Articles of Organization, along with an extra copy, and a check in the amount of \$155.00 for the filing fee, designation of agent and Certificate of Good Standing. Please provide a time stamped copy of the Articles reflecting filing.

I thank you for your attention in this matter.

Sincerely,

JOSEPH R. CIANFRONE, P.A.



Joseph R. Cianfrone

JRC:dmc  
Enclosures

cc: Client

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**ARTICLES OF ORGANIZATION**  
for  
**LaRocca Chiropractic Centers, LLC**  
**A Florida Limited Liability Company**

**ARTICLE I**  
**NAME**

The name of the Limited Liability Company is:

LaRocca Chiropractic Centers, LLC

**ARTICLE II**  
**ADDRESS**

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

2288 Drew Street, Suite C  
Clearwater, FL 33765

**ARTICLE III**  
**DURATION**

The limited liability company shall dissolve and terminate at the earliest of the following events:

1. Written consent of all members;
2. Thirty years from the date of the formation of the limited liability company;
3. The entry of decree of judicial dissolution.

**ARTICLE IV**  
**MANAGEMENT**

The limited liability company is to be managed by the members and the names and addresses of the managing members are:

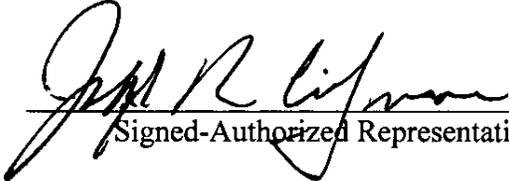
Michael LaRocca  
2288 Drew Street, Suite C  
Clearwater, FL 33765

**ARTICLE V  
ADMISSION OF ADDITIONAL MEMBERS**

The right of the members to admit additional members and the terms and conditions of the admissions shall be by unanimous consent of all members, and in accordance with requirements, provided in the Operating Agreement.

**ARTICLE VI  
MEMBERS RIGHTS TO CONTINUE BUSINESS**

The right of the remaining members of the limited liability company continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a Member or the occurrence of any other event which terminates the continued Membership of a Member in the limited company shall be granted by the unanimous consent of all remaining Members.

  
\_\_\_\_\_  
Signed-Authorized Representative

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

Joseph R. Cianfrone  
(Typed Name Signee)

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

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is:

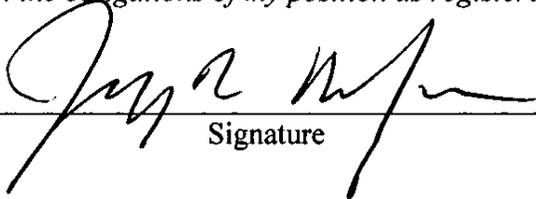
LaRocca Chiropractic Centers, LLC

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

Joseph R. Cianfrone, Esquire  
1964 Bayshore Boulevard, Suite A  
Dunedin, Florida 34698

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*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.*

  
Signature