

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

L10000079006
FILED 8:00 AM
July 28, 2010
Sec. Of State
gharvey

Article I

The name of the Limited Liability Company is:
CHIROPRACTIC HEALTH AND WELLNESS, LLC

Article II

The street address of the principal office of the Limited Liability Company is:
2430 E. TAMiami TRAIL
#13
NAPLES, FL. US 34112

The mailing address of the Limited Liability Company is:
P O BOX 111342
NAPLES, FL. 34108

Article III

The purpose for which this Limited Liability Company is organized is:
CHIROPRACTIC AND REHAB HEALTH CARE

Article IV

The name and Florida street address of the registered agent is:
DAVID E COLLINS DR.
9845 ROCKY BANK DRIVE
NAPLES, FL. 34109

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: DR. DAVID E COLLINS

Article V

The name and address of managing members/managers are:

Title: MGRM
DAVID E COLLINS DR
9845 ROCKY BANK DRIVE
NAPLES, FL. 34109 US

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Article VI

The effective date for this Limited Liability Company shall be:

07/22/2010

Signature of member or an authorized representative of a member

Signature: DR DAVID E COLLINS