

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

**L10000086454
FILED 8:00 AM
August 17, 2010
Sec. Of State
clewis**

Article I

The name of the Limited Liability Company is:

ALIGN CHIROPRACTIC AND WELLNESS CENTER, L.L.C.

Article II

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

1611 19TH AVENUE WEST
PALMETTO, FL. 34221

The mailing address of the Limited Liability Company is:

1611 19TH AVENUE WEST
PALMETTO, FL. 34221

Article III

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

ANY AND ALL LAWFUL BUSINESS.

Article IV

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

JOSEPH C SHIVER
1611 19TH AVENUE WEST
PALMETTO, FL. 34221

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: JOSEPH C. SHIVER

Article V

The name and address of managing members/managers are:

Title: MGRM
JOSEPH C SHIVER
1611 19TH AVENUE WEST
PALMETTO, FL. 34221

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Signature of member or an authorized representative of a member

Signature: JOSEPH C. SHIVER