

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

L10000108043  
FILED 8:00 AM  
October 15, 2010  
Sec. Of State  
tcline

**Article I**

The name of the Limited Liability Company is:  
LIVE WELL CHIROPRACTIC, PLLC

**Article II**

The street address of the principal office of the Limited Liability Company is:  
4470 WESTON ROAD  
DAVIE, FL. 33331

The mailing address of the Limited Liability Company is:  
4470 WESTON ROAD  
DAVIE, FL. 33331

**Article III**

The purpose for which this Limited Liability Company is organized is:  
PROFESSIONAL LIMITED LIABILITY COMPANY OFFERING  
CHIROPRACTIC, REHABILITATION AND ALL OTHER RELATED  
SERVICES. AS WELL AS ALL OTHER LAWFUL PURPOSES.

**Article IV**

The name and Florida street address of the registered agent is:  
JOHN T MOORE II  
C/O LIVEWELL CHIROPRACTIC 4470 WESTON ROAD  
DAVIE, FL. 33331

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: JOHN T. MOORE II

### **Article V**

The name and address of managing members/managers are:

Title: MGRM  
JOHN T MOORE II  
4470 WESTON ROAD  
DAVIE, FL. 33331

L10000108043  
FILED 8:00 AM  
October 15, 2010  
Sec. Of State  
tcline

### **Article VI**

The effective date for this Limited Liability Company shall be:

10/15/2010

Signature of member or an authorized representative of a member

Signature: KAMRAN KHURSHID