

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

L10000118296
FILED 8:00 AM
November 15, 2010
Sec. Of State
thampton

Article I

The name of the Limited Liability Company is:

HALLANDALE CHIRO & REHAB CENTER, LLC

Article II

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

3121 HALLANDALE BEACH BLVD
110
PEMBROKE PARK, FL. 33009

The mailing address of the Limited Liability Company is:

5800 SABAL TRACE DRIVE
1203
NORTH PORT, FL. 34287

Article III

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

CHIROPRACTOR

Article IV

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

MIKALYN J HAMED
5800 SABAL TRACE DRIVE
1203
NORTH PORT, FL. 34287

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: MIKALYN J HAMED

Article V

The name and address of managing members/managers are:

Title: MGRM
MIKALYN J HAMED
5800 SABAL TRACE DRIVE UNIT 1203
NORTH PORT, FL. 34287

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Article VI

The effective date for this Limited Liability Company shall be:

11/10/2010

Signature of member or an authorized representative of a member

Signature: MIKALYN HAMED