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C. LEWIS MAY 1 7 2011 EXAMINER TUKE LAW

1409 Kingsley Avenue Building 9B Orange Park, FL 32073 Phone (904) 637-2700 Fax (904) 278-8001 www.lukelaw.com

May 13, 2011

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

SUBJECT: Orange Park Chiropractic Spine and Injury Center, LLC

The enclosed Articles of Organization and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Gary L. Luke
LUKE LAW LLC
1409 Kingsley Ave Bldg 9E
Orange Park. FL 32073

E mail address (to be used for

E-mail address (to be used for future annual report notification): garylluke@lukelaw.com

For further information concerning this matter, please call:

Gary L. Luke at (904) 637-2700

Enclosed is a check for the following amount: \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Should you have any questions regarding the matter contained herein, please contact me directly.

Sincerely,

Gary L. Luke

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ARTICLES OF ORGANIZATION OF ORANGE PARK CHIROPRACTIC SPINE AND INJURY CENTER, LLC

ARTICLE I - NAME

The name of the limited liability company is Orange Park Chiropractic Spine and Injury Center, LLC, ("company").

ARTICLE II - ADDRESS

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

Principal Office Address:

Mailing Address:

784 Blanding Blvd.

Orange Park, Florida 32065

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784 Blanding Blvd.

Orange Park, Florida 32065

ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE

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

Gary L. Luke Luke Law, LLC 1409 Kingsley Ave., Bldg 9E Orange Park, Florida 32073

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 as provided for in Chapter 608, F.S..

Gary L. Luke,

ARTICLE IV - MANAGERS OR MANAGING MEMBERS

The name and address of each Manager or Managing Member is as follows:

Title:

Name and Address:

"MGR" = Manager

"MGMR" = Managing Member

MGMR

James Dautel, DC 60 Harmony Hall Rd. Middleburg, Florida 32065



REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

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

James Dautel, De

Typed or printed pame of signer

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE



PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDAE STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY Orange Park Chiropractic Spine and Injury Center, LLC, 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 Orange Park Chiropractic Spine and Injury Center, LLC.
- 2. The name and the Florida street address of the registered agent and office are:

 Gary L. Luke

 Luke Law, LLC

 1409 Kingsley Ave., Bldg 9E, Orange Park, Florida 32073 (Post office box is NOT acceptable.)

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 as provided for in Chapter 608, Florida Statutes.

Gary L. Luke
Luke Law, LLC
Registered Agent

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