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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Total Injury Chiropractic, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

James Miller

Name of Person

James Miller

Firm/Company

1665 Palm Beach Lakes Blvd. Ste. 101

Address

West Palm Beach FL 33401

City/State and Zip Code

J. Miller @ Bellsouth.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

James Miller

Name of Person

at (561) 729 - 0095

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☒ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address

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

Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

TOTAL INJURY CHIROPRACTIC, LLC.

ARTICLE I- Name:

The name of the Limited Company is:

TOTAL INJURY CHIROPRACTIC, LLC.

ARTICLE II- Address:

The mailing address and street address of the principal office of the Limited Liability Company is: 1622 South Dixie highway
Lake Worth, Fl 33460

ARTICLE III- Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida Street Address of the registered agent are:

James Miller
1665 Palm Beach Lakes Blvd., Ste. 101
West Palm Beach, Fl 33401

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.


James Miller Registered Agent

ARTICLE IV- Managing Member:

The name and address of each Manager who is also the Managing Member is as follows:

Title:

Name and Address:

Managing member

Charles Foster Walton III
1622 South Dixie Highway
Lake Worth, Fl

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1622 South Dixie Highway
Lake Worth, Fl

ARTICLE V- Effective date, shall be the date of filing of these Articles.

SIGNATURE:


Charles Foster Walton, Managing Member