

# L11000106819

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

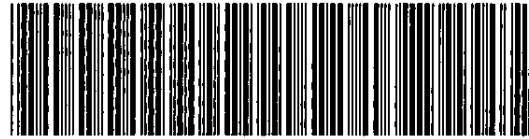
(Business Entity Name)

(Document Number)

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11 SEP 16 AM 11:46  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER  
SEP 19 2011

**Dr. Lance Robbins  
Robbins Family Chiropractic, PLLC  
1434 18<sup>th</sup> Av. N.  
St. Petersburg, FL 33704**

September 12, 2011

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

Re: Robbins Family Chiropractic, PLLC

Dear Sir or Madam:

Enclosed please find the original and one copy of Articles of Organization, together with a check in the amount of \$155.00. This represents the cost of the Filing Fees, Certified Copy of Articles of Organization and Fee for Registered Agent Designation for the above-named organization.

Very truly yours,



Dr. Lance Robbins  
Robbins Family Chiropractic, PLLC

Enclosures

check stapled here

**ARTICLES OF ORGANIZATION**

of

**ROBBINS FAMILY CHIROPRACTIC, PLLC**

FILED  
11 SEP 16 AM 11:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The undersigned subscriber to these Articles of Organization, a natural person competent to contract, hereby forms a professional limited liability company under the laws of the State of Florida.

**ARTICLE I - ORGANIZATION NAME**

The name of the organization is Robbins Family Chiropractic, PLLC.

**ARTICLE II - DURATION**

The limited liability company shall exist perpetually unless dissolved according to Florida law.

**ARTICLE III - PURPOSE**

The professional limited liability company is organized for the purpose of engaging in the practice of Chiropractic Medicine by members licensed to practice Chiropractic Medicine in the State of Florida.

**ARTICLE IV - ORGANIZATION OFFICE**

The organization's principal office address shall be as follows:

10787 Oak St. NE  
St. Petersburg, FL 33716

The organization's mailing address shall be as follows:

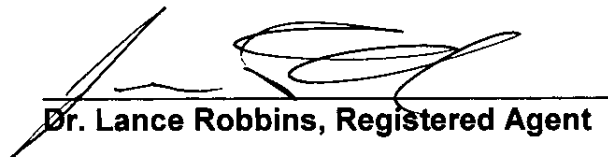
1434 18<sup>th</sup> Av. N.  
St. Petersburg, FL 33704

## **ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT & REGISTERED AGENT'S SIGNATURE**

The name and the Florida street address of the Initial Registered Office and Agent of this Organization is:

Dr. Lance Robbins  
1434 18<sup>th</sup> Av. N.  
St. Petersburg, FL 33704

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.



Dr. Lance Robbins, Registered Agent

## **ARTICLE VI - MANAGERS**

This organization shall have one (1) manager initially. The number of managers may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The name and address of the initial manager of the organization is as follows:

Dr. Lance Robbins  
1434 18<sup>th</sup> Av. N.  
St. Petersburg, FL 33704

## ARTICLE VII - SIGNER

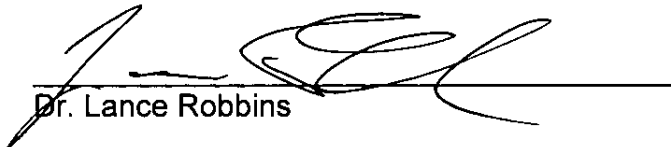
The name and address of the person signing these Articles of Organization is as follows:

Dr. Lance Robbins  
1434 18<sup>th</sup> Av. N.  
St. Petersburg, FL 33704

## ARTICLE VIII – MANAGEMENT

The Limited Liability Company is to be managed by one or more managers who are also members and is, therefore, a member – managed company.

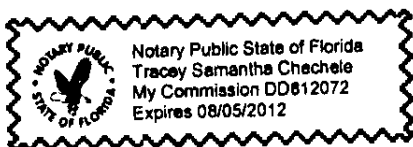
IN WITNESS WHEREOF, the undersigned subscriber has executed these Articles of Organization this 12 day of September, 2011.

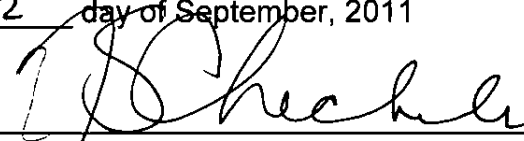
  
Dr. Lance Robbins

STATE OF FLORIDA  
COUNTY OF PINELLAS

BEFORE ME, a Notary Public authorized to take acknowledgments in the State and County set forth above, personally appeared Dr. Lance Robbins, known to me to be the person who executed the foregoing Articles of Organization, or who presented Personally known as identification, and who acknowledged before me that he executed these Articles of Organization.

IN WITNESS WHEREOF, I have hereunto affixed my hand and seal, in the State and County aforesaid, this 12 day of September, 2011



  
Notary Public, State of Florida at Large  
My Commission Expires: