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L. SELLERS
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EXAMINER

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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FLORIDA LIMITED LIABILITY CO.
INSTANT HEALING CHIROPRACTIC LLC

Certificate of Status	1
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**ARTICLES OF ORGANIZATION
FOR FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

INSTANT HEALING CHIROPRACTIC, LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

**5625 SOUTH ORANGE BLOSSOM TRAIL
SUITE E,
ORLANDO, FL 32839**

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

**VICTOR R. LOCKLEAR
5625 SOUTH ORANGE BLOSSOM TRAIL
SUITE E,
ORLANDO, FL 32839**

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..



VICTOR R. LOCKLEAR / Registered Agent's Signature

ARTICLE IV- Manager(s) or Managing Member(s):

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

"MGR" = Manager

"MGRM" = Managing Member

VICTOR R. LOCKLEAR, MGRM
5625 S. ORANGE BLOSSOM TRAIL,
SUITE E,
ORLANDO, FL 32839

ARTICLE V: Effective date, if other than the date of filing: January 6, 2012

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.)

VICTOR R. LOCKLEAR

Typed or printed name of signee

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