

L12000024679

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

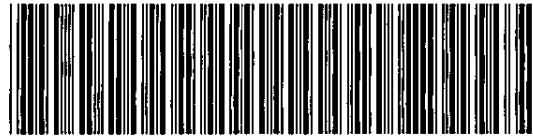
Special Instructions to Filing Officer:

Office Use Only

G. MCLEOD

FEB 21 2012

EXAMINER



500221955515

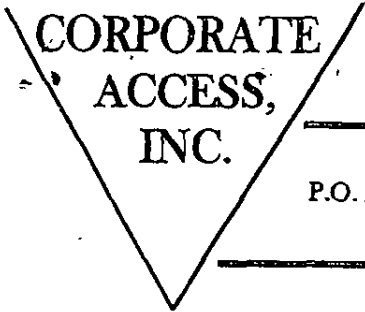
02/20/12--01004--025 #125.00

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

RECEIVED
12 FEB 20 AM 11:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
12 FEB 20 AM 10:04



"When you need ACCESS to the world"

236 East 6th Avenue . Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666

WALK IN

PICK UP: 2/17 Emily

- CERTIFIED COPY _____
- PHOTOCOPY _____
- CUS _____
- FILING LLC _____

1. Hann Chiropractic, LLC
(CORPORATE NAME AND DOCUMENT #)
2. _____
(CORPORATE NAME AND DOCUMENT #)
3. _____
(CORPORATE NAME AND DOCUMENT #)
4. _____
(CORPORATE NAME AND DOCUMENT #)
5. _____
(CORPORATE NAME AND DOCUMENT #)
6. _____
(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:

**ARTICLES OF ORGANIZATION
OF
HANN CHIROPRACTIC, LLC**

The undersigned, who is a duly licensed doctor of medicine in the State of Florida and desiring to form a professional limited liability company in accordance with the Florida Limited Liability Company Act and the Florida Professional Service Corporation and Limited Liability Company Act, does hereby adopt the following Articles of Organization for the Limited Liability Company:

FIRST: The name of the Limited Liability Company is HANN CHIROPRACTIC, LLC.

SECOND: The Limited Liability is organized for the purpose of engaging in the practice of Chiorpractic and to take all actions necessary or proper in connection with such practice.

THIRD: The mailing address and street address of the principal office of the Limited Liability Company is 7758 Wallace Road, Suite F, Orlando, FL 32819.

FOURTH: The street address of the initial registered office of the Limited Liability Company in Florida is 7758 Wallace Road, Suite F, Orlando, FL 32819 and the name of the Initial registered agent of the Limited Liability Company in Florida at that address is Jonathan Hann.

FIFTH: The members of the Limited Liability Company shall consist of not less than one Member. The name and address of the initial Members is:

Jonathan Hann (MGRM)
7758 Wallace Road, Suite F
Orlando, FL 32819

FILED
12 FEB 20 AM 10:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FIFTH: The Limited Liability Company is to be managed by the Manager Members.

IN WITNESS WHEREOF, the Members have executed and acknowledged these Articles of Organization on February 13, 2012.


Jonathan Hann

**CONSENT TO APPOINTMENT
BY REGISTERED AGENT**

I, having been named as Registered Agent for HANN CHIROPRACTIC, LLC., hereby voluntarily consent to serve as Registered Agent for HANN CHIROPRACTIC, LLC.

I know and understand the duties and responsibilities of a Registered Agent as set forth in the Florida Statutes Annotated Sections 608.401 to 608.471, and I hereby accept those duties and responsibilities.

Dated: February 13, 2012


Jonathan Hann