

L12000059800

(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



800231596378

05/02/12--01003--015 **155.00

FILED
2012 MAY -2 PM 4:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

MAY - 3 2012

EXAMINER

DR. DUSTIN TANNER, D.C.

125 Murray Street
Auburn, NY 13021
1-315-224-4042

April 26, 2012

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

FILED
2012 MAY -2 PM 4:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

To Whom It May Concern:

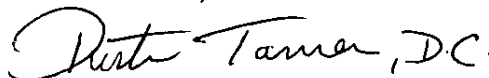
Could you please send any correspondence concerning our application for the LLC prior to May 13th, 2012, to:

125 Murray Street

Auburn, NY 13021

We are relocating to Florida May 13th, 2012 and currently living in New York. I apologize for any inconvenience and appreciate your understanding. Thank you for your time.

Sincerely,



Dr. Dustin Tanner, D.C.

tannerchiropractic@gmail.com

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Tanner - Martinez Chiropractic, L.L.C.
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:

Dr. Dustin Tanner, D.C.
Name of Person

Tanner - Martinez Chiropractic, L.L.C.
Firm/Company

2200 N. Ponce de Leon Blvd. Suite #1
Address

St. Augustine, FL 32084
City/State and Zip Code

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

For further information concerning this matter, please call:

Dr. Dustin Tanner, D.C. at (315) 224-4042
Name of Person 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

FILED
2012 MAY -2 PM 4:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Tanner - Martinez Chiropractic, LLC.

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

FILED
2012 MAY -2 PM 4:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II - Address:

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

Principal Office Address:

2200 N. Ponce de Leon Blvd.
Suite #1
St. Augustine, FL 32084

Mailing Address:

2200 N. Ponce de Leon Blvd.
Suite #1
St. Augustine, FL 32084

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:

Dr. Dustin Tanner, D.C.
Name

2200 N. Ponce de Leon Blvd, Suite #1
Florida street address (P.O. Box **NOT** acceptable)
St. Augustine FL 32084
City, State, and Zip

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.

Dustin Tanner, D.C.
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

Dr. Dustin Tanner, D.C.
2200 N. Ponce de Leon Blvd. Suite #1
St. Augustine, FL 32084

MGR

Dr. Mariella Martinez-Navarro, D.C.
2200 N. Ponce de Leon Blvd. Suite #1
St. Augustine, FL 32084

(Use attachment if necessary)

FILED
2012 MAY -2 PM 4:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE V: Effective date, if other than the date of filing: _____. (OPTIONAL)
(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:

Dustin Tanner, D.C.

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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

DUSTIN TANNER, D.C.
Typed or printed name of signee

Filing Fees:

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)