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**FLORIDA LIMITED LIABILITY CO.**

**Kersenbrock Chiropractic, LLC**

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**ARTICLES OF ORGANIZATION FOR A  
FLORIDA LIMITED LIABILITY COMPANY**

In compliance with Chapter 608, F.S.

**ARTICLE I NAME**

The name of the Limited Liability Company is:

KERSENBROCK CHIROPRACTIC, LLC

**ARTICLE II ADDRESS**

The principal office of the Limited Liability Company is:

1399 MILLER AVE  
LAKE MARY, FL 32746

The mailing address of the Limited Liability Company is:

PO BOX 95-4045  
LAKE MARY, FL 32795-4045

**ARTICLE III REGISTERED AGENT, REGISTERED OFFICE &  
REGISTERED AGENT SIGNATURE**

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

BEN KERSENBROCK  
1399 MILLER AVE  
LAKE MARY, FL 32746

Having been named as registered agent 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.

X



BEN KERSENBROCK / Registered Agent's signature

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**ARTICLE IV      MANAGEMENT**

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

**ARTICLE V      MEMBERS (optional)**

MANAGING MEMBER  
BEN KERSENBROCK  
PO BOX 95-4045  
LAKE MARY, FL 32795-4045

MANAGING MEMBER  
BLAIR KERSENBROCK  
PO BOX 95-4045  
LAKE MARY, FL 32795-4045

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X



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.

BEN KERSENBROCK

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