

7/25/12

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H12000190240 3)))



H120001902403ABCT

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : HUBCO
Account Number : 104662003400
Phone : (516) 935-3940
Fax Number : (516) 935-3088

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

Email Address: jworthington_311@yahoo.com

FLORIDA LIMITED LIABILITY CO.
Worthington Chiropractic LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

RECEIVED

12 JUL 25 PM 1:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TALLAHASSEE, FLORIDA

12 JUL 25 AM 8:22

B. BOSTICK

JUL 26 2012

EXAMINER

H12000190240

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is: **Worthington Chiropractic LLC**

ARTICLE II - Address

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

Principal Office Address:

Mailing Address:

5618 NE 43rd Street

5504 NW 67 Street

Gainesville, FL 32653

Gainesville, FL 32653

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

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

James Worthington

Name

5618 NE 43rd Street

(P.O. Box or Mail Drop Box NOT Acceptable)

Gainesville, FL 32653

(City / State / Zip)

12 JUL 25 AM 8:22
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 11-11-2010 BY 60322

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.



Registered Agent's Signature - James Worthington

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

H12000190240

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

Title:

Name and Address:

"MGR" = Manager

"MGRM" = Managing Member

MGRM

James Worthington - 5504 NW 67 Street, Gainesville, FL 32653

(Use attachment if necessary)

REQUIRED SIGNATURE:



Signature of a member or 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.)

James Worthington

Typed or printed name of signee

12 JUL 25 AM 8:22
ALLIANCE FLORIDA