

**Electronic Articles of Organization  
For  
Florida Limited Liability Company**

L12000107418  
FILED 8:00 AM  
August 20, 2012  
Sec. Of State  
dbruce

**Article I**

The name of the Limited Liability Company is:  
CHIROPRACTIC CLINICS OF SOUTH FLORIDA, PL

**Article II**

The street address of the principal office of the Limited Liability Company is:  
12550 BISCAYNE BOULEVARD  
SUITE 404  
NORTH MIAMI, FL. US 33181

The mailing address of the Limited Liability Company is:  
12550 BISCAYNE BOULEVARD  
SUITE 404  
NORTH MIAMI, FL. US 33181

**Article III**

The purpose for which this Limited Liability Company is organized is:  
THE OPERATION OF A GROUP PRACTICE OF CHIROPRACTIC  
PHYSICIANS IN VARIOUS LOCATIONS AND THE PROVISION OF  
MANAGEMENT SERVICES RELATED TO THE SAME.

**Article IV**

The name and Florida street address of the registered agent is:  
CRAIG M. DORNE, PA  
407 LINCOLN ROAD  
PENTHOUSE SOUTHEAST  
MIAMI BEACH, FL. 33139

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.

Registered Agent Signature: CRAIG M. DORNE

## Article V

The name and address of managing members/managers are:

Title: MGRM  
GARRETT R. WEINSTEIN, D.C., P.A.  
12550 BISCAYNE BOULEVARD, SUITE 404  
NORTH MIAMI, FL. 33181 US

Title: MGRM  
DEAN M ZUSMER, D.C., P.A.  
12550 BISCAYNE BOULEVARD, SUITE 404  
NORTH MIAMI, FL. 33181 US

Title: MGRM  
KEREN H. GOMEZ, D.C., P.A.  
12550 BISCAYNE BOULEVARD, SUITE 404  
NORTH MIAMI, FL. 33181 US

Title: MGRM  
DAVIN R. BARBANELL, D.C., P.A.  
12550 BISCAYNE BOULEVARD, SUITE 404  
NORTH MIAMI, FL. 33181 US

Signature of member or an authorized representative of a member

Electronic Signature: DEAN ZUSMER

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.

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Aug 20 2012 1:11PM

Craig M. Dorne, P.A.

305-531-1213

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**L12000107418**  
**CMD**  
**Craig M. Dorne, P.A.**

Via Facsimile 850-245-6030

August 20, 2012

Deborah Bruce  
Department of State  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

RE: Corporate Filing - 900238672049

Dear Ms. Bruce: CHIROPRACTIC CLINICS OF SOUTH FLORIDA, PL

Please allow the filing of the above Professional Limited Liability Company as the principals are the same as the Corporation that it is in conflict with. You can see the same from the filings and the fact that it operates from the same address.

Should you have any questions, please do not hesitate to contact me.

Very truly yours,

Craig M. Dorne, P.A.



Craig M. Dorne, Esq.  
For the Firm

CMD/yc  
Enclosure