

L12000123863

Division of Corporations

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FLORIDA LIMITED LIABILITY CO.  
HSN Medical Group LLC

Certificate of Status	1
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SEP 28 2012

EXAMINER

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**ARTICLES OF ORGANIZATION OF  
HSN MEDICAL GROUP, LLC  
A FLORIDA LIMITED LIABILITY COMPANY**

The undersigned, being authorized to execute and file these Articles, hereby certifies that:

**ARTICLE I — Name & Address**

The name of the Limited Liability Company is:

HSN MEDICAL GROUP, LLC

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

5385 Guadeloupe Way  
Naples, FL 34119

**ARTICLE II — Duration:**

The period of duration for the Limited Liability Company shall be perpetual

**ARTICLE III — Purpose:**

The purpose for the Limited Liability Company shall be to operate a chiropractic and progressive rehabilitation business and to engage in the transaction of any and all business activities permitted under the laws of Florida and the United States of America.

**ARTICLE IV — Management:**

The Limited Liability Company is to be managed by the members and the names and mailing addresses of the initial managing members are:

Katie Covington  
5385 Guadeloupe Way  
Naples, FL 34119

Nancy Lovejoy  
180 Turtle Lake Court, #302  
Naples, FL 34105

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**ARTICLE V — Admission of Additional Members:**

The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be by consent of a majority of the members.

**ARTICLE VI — Members' Rights to Continue Business**

The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be by consent of a majority of the members.

**ARTICLE VII — Effective Date**


The effective date for the formation of this company shall be on the date of filing.

**ARTICLE VIII - Resident Agent**

The name of the initial registered agent and the Florida street address of the registered agent and office shall be:

Arlene F. Austin  
6312 Trail Blvd.  
Naples, FL 34108

IN WITNESS WHEREOF, the undersigned have signed these Articles of Organization and acknowledged them to be their free act on this 27th day of September, 2012.

  
Katie Covington, Member/Manager

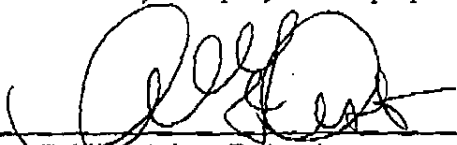
  
Nancy Lovejoy, Member/Manager

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State of Florida  
County of Collier

On September 27, 2012, Katie Covington and Nancy Lovejoy who each produced a Florida driver's license as identification, and who personally appeared before me at the time of notarization, and they acknowledged signing these Articles of Organization of HSN Medical Group, LLC, a Florida Limited Liability Company for the purposes therein expressed.

  
\_\_\_\_\_  
Notary Public: Arlene F. Austin



ARLENE F. AUSTIN  
MY COMMISSION # EE 113884  
EXPIRES: August 8, 2015  
Bonded Thru Budget Notary Services

Commission Expiration Date:  
Commission Number:

(SEAL)

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**CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE**

**PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.**

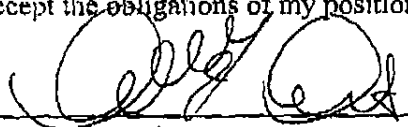
1. The name of the Limited Liability Company is:

HSN MEDICAL GROUP, LLC

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


Arlene F. Austin  
6312 Trall Blvd.  
Naples, FL 34108

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.

  
\_\_\_\_\_  
Arlene F. Austin  
Registered Agent

State of Florida  
County of Collier

On September 27, 2012, Arlene F. Austin, designated above as the individual who shall serve as the company's initial registered agent, is personally known to me and she personally appeared before me at the time of notarization, and acknowledged signing these Articles of Organization of HSN Medical Group, LLC, as registered agent.

  
\_\_\_\_\_  
Notary Public: Jessica Fisher



JESSICA FISHER  
MY COMMISSION # DD 902209  
EXPIRES: July 4, 2013  
Bonded thru Budget Notary Services

(Notary Public - Printed Or Typed Name)  
Commission Expiration Date & Commission Number: (SEAL)

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