

Nov. 8. 2012 4:59PM ns Barnett, Bolt

No. 5002 P. 1
Page 1 of 1

L12000141971

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.

((H12000267581 3)))



H120002675813ABC%

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 : BARNETT, BOLT, KIRKWOOD, LONG & MCBRIDE
Account Number : 072731001155
Phone : (813) 253-2020
Fax Number : (813) 251-6711

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

Email Address: _____

RECEIVED
12 NOV -8 AM 6:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**FLORIDA LIMITED LIABILITY CO.
Altman Chiropractic Clinic, LLC**

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2012 NOV -8 AM 6:52

FILED

J. SAULSBERRY
EXAMINER

NOV 9 2012

Electronic Filing Menu

Corporate Filing Menu

Help

H12000267581

**ARTICLES OF ORGANIZATION
OF
ALTMAN CHIROPRACTIC CLINIC, LLC**

The undersigned hereby organizes a limited liability company under the provisions of the Florida Limited Liability Company Act, and pursuant to the following Articles of Organization:

ARTICLE 1
Name

The name of this limited liability company is:

Altman Chiropractic Clinic, LLC

(hereafter, the "Company").

ARTICLE 2
Effective Date

The Company shall have perpetual existence, commencing on the date that these Articles of Organization are filed with the Florida Department of State.

ARTICLE 3
Mailing Address and Principal Office

The address of the principal office and the mailing address of the Company is 32615 U.S. Highway 19 North, Suite L, Palm Harbor, Florida 34684.

ARTICLE 4
Initial Registered Office and Agent

The street address of the initial registered office of the Company is 32615 U.S. Highway 19 North, Suite L, Palm Harbor, Florida 34684, and the name of the initial registered agent of the Company at that address is ZACHARY W. ALTMAN, D.C.

ARTICLE 5
Management of the Company

The management of the Company is reserved to its members.

2012 NOV -8 AM 8:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA


FILED

H12000267581

ARTICLE 6
Indemnification

The Company shall indemnify its members to the fullest extent authorized by law.

IN WITNESS WHEREOF, the undersigned authorized representative a member has executed these Articles of Organization this 8th day of November, 2012, and the undersigned registered agent acknowledges that he is familiar with, and accepts, the obligations of his position as registered agent of the Company as provided for in Chapter 608 of the Florida Statutes.



ZACHARY W. ALTMAN, D.C., Authorized
Representative and Registered Agent

2012 NOV -8 AM 8:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED