

L12000150953

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

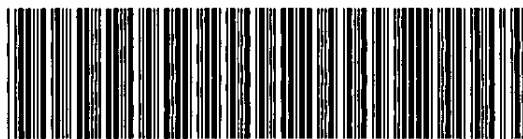
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2012 DEC -3 AM 8:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

W12-58580

J. BRYAN

DEC -4 2012

EXAMINED

(850) 245-6051.

### COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Stuart Chiropractic and rehabilitation LLC  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

William Jensen

Name of Person

Premier Wellness Centers

Firm/Company

10801 SW Tradition Square

Address

Port Saint Lucie FL. 34987

City/State and Zip Code

drbillepremierwellnesscenters.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

William Jensen

Name of Person

at 772, 345-3933

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☒ \$160.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**Mailing Address**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street/Courier Address**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 21, 2012

WILLIAM JENSEN  
PREMIER WELLNESS CENTERS  
10801 SW TRADITION SQUARE  
PORT SAINT LUCIE, FL 34987

SUBJECT: STUART CHIROPRACTIC AND REHABILITATION LLC  
Ref. Number: W12000058580

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for STUART CHIROPRACTIC AND REHABILITATION LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

Business entities which are filing late in the current calendar year and do not anticipate transacting business until January 1st of the upcoming calendar year may wish to adopt a January 1st effective date. By adopting a January 1st effective date your business entity's existence will not become effective until January 1st of the upcoming calendar year and its first annual report filing requirement will be delayed by one calendar year.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Joey Bryan  
Regulatory Specialist II

Letter Number: 912A00028015

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

Stuart Chiropractic and Rehabilitation LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

## ARTICLE II - Address:

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

### Principal Office Address:

6096 SE Federal Highway  
Suite B  
Stuart FL. 34997

### Mailing Address:

10801 SW Tradition Square  
Port Saint Lucie FL  
34987

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Lynnsey L Justice  
Name

1776 SW Via Rossa  
Florida street address (P.O. Box **NOT** acceptable)

Port St Lucie FL 34953  
City, State, and Zip

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TALLAHASSEE, FLORIDA

*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..*

Lynnsey L Justice  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

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

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

MGRM

MGRM

**Name and Address:**

William Jensen D.C  
10081 SW Dale Rd  
Port St Lucie FL 34986

Leon Gonyo D.C  
6056 SE Federal Highway  
Stuart FL 34959

(Use attachment if necessary)

**ARTICLE V: Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)**  
**(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)**

**REQUIRED SIGNATURE:**



\_\_\_\_\_  
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. I am aware that any 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.)

William Jensen D.C.

\_\_\_\_\_  
Typed or printed name of signee

**Filing Fees:**

**\$125.00 Filing Fee for Articles of Organization and Designation  
of Registered Agent**

**\$ 30.00 Certified Copy (Optional)**

**\$ 5.00 Certificate of Status (Optional)**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA