

Division of Corporations

1 of 1

L13000025295Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : COBB & COLE
Account Number : I20030000050
Phone : (386) 323-9251
Fax Number : (386) 258-5068

2013 FEB 18 AM 8:26

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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

Email Address: jimclapproodde@gmail.com

FLORIDA LIMITED LIABILITY CO.

We Are One Chiropractic, P.L.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

C. LEWIS

FEB 19 2013

EXAMINER

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Corporate Filing Menu

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(1 of 4) 02-18-2013 10:31 AM -0500

850-617-6381

2/18/2013 8:15:20 AM PAGE 1/001 Fax Server



February 18, 2013

FLORIDA DEPARTMENT OF STATE
Division of Corporations

COBB & COLE

SUBJECT: WE ARE ONE CHIROPRACTIC, P.L.
REF: W13000009633

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The specific purpose of the entity must be set forth in the document.

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

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

FAX Aud. #: H13000037026
Letter Number: 713A00003872

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13 FEB 18 AM 10:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*Please see attached revised filing.
Please contact me if any questions.
Brenda
386-323-9251*

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

2013 FEB 18 AM 8:26

**ARTICLES OF ORGANIZATION
OF
WE ARE ONE CHIROPRACTIC, P.L.
A Florida Professional Limited Liability Company**

**ARTICLE 1
NAME**

The name of this Limited Liability Company is: We Are One Chiropractic, P.L.

**ARTICLE 2
PRINCIPLE OFFICE AND REGISTERED AGENT**

The mailing and the street address of the principal office of the limited liability company is 801 Crosswind Way, Port Orange, FL 32128. The name and address of the initial registered agent of the limited liability company is James Clapprood, 801 Crosswind Way, Port Orange, FL 32128.

**ARTICLE 3
MANAGEMENT**

The company is to be a manager-managed company. The name and address of its Manager is:

James Clapprood
801 Crosswind Way
Port Orange, FL 32128

**ARTICLE 4
OFFICERS**

The following individuals are appointed as initial officers of the company:

James Clapprood, President Kristen Fry, Secretary/Treasurer

**ARTICLE 5
PURPOSE**

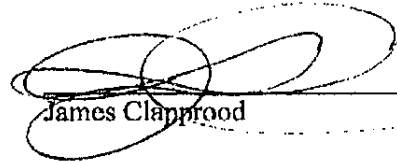
The sole purpose of the company is to provide chiropractic services.

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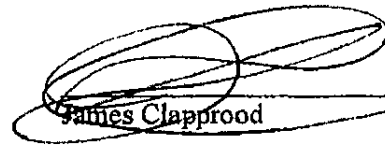
IN WITNESS WHEREOF, the undersigned member does hereby execute and acknowledge these articles of organization this 15TH day of February, 2013



James Clapprood

**CERTIFICATE DESIGNATING REGISTERED
AGENT AND STREET ADDRESS FOR
SERVICE OF PROCESS**

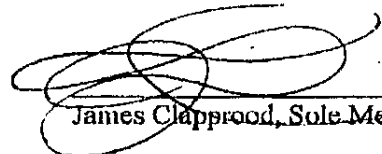
Pursuant to Section 608.415 Florida Statutes, WE ARE ONE CHIROPRACTIC, P.L., hereby designates James Clapprood as its registered agent and the street address of its registered office, 801 Crosswind Way, Port Orange, FL 32128 respectively, for service of process within the State of Florida.



James Clapprood

ACCEPTANCE OF DESIGNATION

The undersigned understands the obligations of and hereby accepts the foregoing designation as registered agent of WE ARE ONE CHIROPRACTIC, P.L. for service of process within the State of Florida.



James Clapprood, Sole Member/Manager