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FLORIDA LIMITED LIABILITY CO.
JACKSONVILLE SPINE AND NERVE INSTITUTE, PLLC

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TALLAHASSEE, FLORIDA

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EXAMINER
12/31/2013

Generation Chiropractic

(904)317-6625

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**ARTICLES OF ORGANIZATION
OF JACKSONVILLE SPINE AND NERVE INSTITUTE, PLLC**

These Articles of Organization are submitted for the purpose of forming a professional limited liability company pursuant to the Florida Limited Liability Company Act, Chapter 608, Florida Statutes, and the Florida Professional Service Corporations and Limited Liability Companies Act, Chapter 621, Florida Statutes as the same may from time to time be amended (the "Act").

ARTICLE I - NAME

The name of this limited liability company (the "Company") is Jacksonville Spine and Nerve Institute, PLLC.

ARTICLE II - ADDRESS

The address of the principal office and mailing address of the Company is 6850-2 103rd Street, Jacksonville, Florida 32210.

ARTICLE III - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office of the Company is 6850-2 103rd Street, Jacksonville, Florida 32210, and the name of its initial registered agent at such address is David Blum, D.C.

ARTICLE IV - PURPOSE

The purpose of the Company is to render chiropractic and chiropractic related services.

ARTICLE IV - MANAGEMENT OF THE COMPANY

The Company is to be managed by its sole member and is, therefore, a member-managed company.

ARTICLE V - LIMITED LIABILITY

Except as otherwise expressly provided by the Act, no member, manager, officer, agent or employee of the Company shall be personally liable for the debts, obligations or liabilities of the Company, whether arising in contract, tort or otherwise, or for the acts or omissions of any other member, manager, officer, agent or employee of the Company.

IN WITNESS WHEREOF, the undersigned, being the sole member of the Company, has executed these Articles of Organization this 30th day of December, 2013. 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.

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(904) 317-6625 H13000287551



David Blum, D.C., Sole Member

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

Pursuant to the provisions of Section 608.415 or 608.507, Florida Statutes, the below named limited liability company, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the limited liability company is:

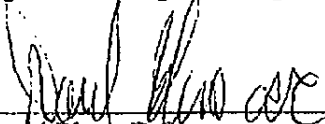
Jacksonville Spine and Nerve Institute, PLLC
2. The name and address of the registered agent and office are:

David Blum, D.C.
6850-2 103rd Street
Jacksonville, Florida 32210

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.

Dated: December 30, 2013

Signature of Registered Agent



David Blum, D.C.

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