

L14000067113

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

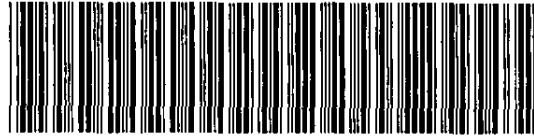
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



800252281338

10/02/13--01022--005 \*\*125.00

FILED

14 APR 23 PM 4:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Lauren APR 24 2014



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 3, 2013

MARYAM JAFARIEH  
1515 EAST COMMERCIAL BLVD  
FORT LAUDERDALE, FL 33334

SUBJECT: FORT LAUDERDALE CHIROPRACTIC LLC  
Ref. Number: W13000055055

We have received your document for FORT LAUDERDALE CHIROPRACTIC LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not *distinguishable* from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

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.

Tim Burch  
Regulatory Specialist II

Letter Number: 513A00023272

9/30/13

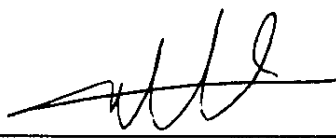
Dear Sir/Madam:

This is to inform you that I am not going to reinstate the following corporation:  
FORT LAUDERDALE CHIROPRACTIC LLC with Document number: L10000131351  
and I release that name for the new articles to be filed.

Sincerely,

MARYAM JAFARIEH

NAME:



SIGNATURE:

*Hiawatha Preece*  
Hiawatha Preece  
Notary Public  
State of Florida



HIAWATHA PREECE  
MY COMMISSION # DD 988213  
EXPIRES: May 30, 2014  
Bonded Thru Budget Notary Services

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

FORT LAUDERDALE CHIROPRACTIC 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:

Mailing Address:

1515 E. Commercial Blvd.  
Fort Lauderdale, FL  
33334

1515 E. Commercial Blvd.  
Fort Lauderdale, FL  
33334

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.)

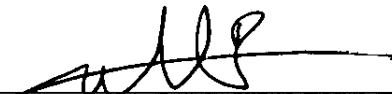
The name and the Florida street address of the registered agent are:

MARYAM JAFARIEH  
Name

1515 E. Commercial Blvd.  
Florida street address (P.O. Box **NOT** acceptable)  
Fort Lauderdale, FL 33334  
City, State, and Zip

FILED  
14 APR 23 PM 4:34  
SECRETARY OF STATE  
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..*

  
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

**Name and Address:**

MGRM

MARYAM JAFARIEH  
1515 E. Commercial Blvd.  
Fort Lauderdale, FL 33334

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

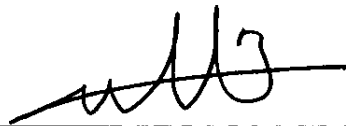
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_  
(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.)

FILED  
14 APR 23 PM 4:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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.)

MARYAM JAFARIEH

\_\_\_\_\_  
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)