

214000092171

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

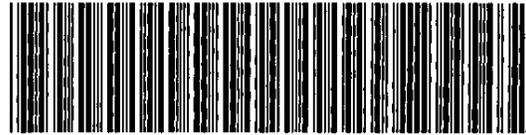
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



800260095998

05/19/14--01011--034 \*\*160.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
14 JUN -3 PM 2:23

6212



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 28, 2014

WILLIAM WEBB II  
195 S WESTMONTE DR SUITE 1120  
ALTAMONTE SPRINGS, FL 32714

SUBJECT: WEBB & ASSOCIATES CHIROPRACTIC, LLC  
Ref. Number: W14000033177

We have received your document for WEBB & ASSOCIATES CHIROPRACTIC, 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):

You must insert the letters "MGRM" beside the name and address of each *managing member and/or* the letters "MGR" beside the name and address of each manager listed in the document.

Please return the corrected original and one copy of 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.

Justin M Shivers  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 214A00011437

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Webb & Associates Chiropractic 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 P. Webb II  
Name of Person

Webb & Associates Chiropractic LLC.  
Firm/Company

195 S. Westmonte Drive, Suite 1120  
Address

Altamonte Springs, FL 32714  
City/State and Zip Code

webb.associates.chiropractic@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jessica Mitchell/Gabrielle Dittmer at ( 407 ) 862-8834  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input checked="" type="checkbox"/> \$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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Webb & Associates 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:

195 S. Westmonte Drive, Suite 1120  
Altamonte Springs, FL 32714

195 S. Westmonte Drive, Suite 1120  
Altamonte Springs FL, 32714

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:

William P. Webb II (MGR)  
Name

195 S. Westmonte Drive, Suite 1120  
Florida street address (P.O. Box **NOT** acceptable)

Altamonte Springs FL 32714  
City Zip

*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 605, F.S.*  
William P. Webb II (MGR)  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

14 JUN -3 PM 2:23  
TALLAHASSEE, FLORIDA

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

William P. Webb II (MGR)

**Name and Address:**

195 S. Westmonte Drive, Suite 1120  
Altamonte Springs, FL 32714

Jessica L. Mitchell (AMBR)

195 S. Westmonte Drive, Suite 1120  
Altamonte Springs, FL 32714

(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.)

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**



Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), 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 P. Webb II (MGR)

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)

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA  
14 JUN -8 PM 2:23