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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Ruzh FEB 26 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Chiroganics, PLLC
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:

Suzanne Friedman, ESQ.

Name of Person

HMQAC

Firm/Company

901 Coco Plum Way

Address

FEB 02 2015

Plantation, FL 33324

City/State and Zip Code

@me.com

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

For further information concerning this matter, please call:

Robin Segedin, DC at (954) 661-9180
Name of Person 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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 16, 2015

SUZANNE FRIEDMAN, ESQ
901 COCO PLUM WAY
PLANTATION, FL 33324

SUBJECT: CHIROGANICS, PLLC
Ref. Number: W15000011163

We have received your document for CHIROGANICS, PLLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$155.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

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: 415A00003204

ARTICLES OF ORGANIZATION

CHIROGANICS, PLLC

PROFESSIONAL FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: CHIROGANICS, PLLC.

ARTICLE II - Address:

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

Mailing Address: 901 Coco Plum Way, Plantation, FL 33324.

Principal Office Address: Mailing Address: 901 Coco Plum Way, Plantation, FL 33324.

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's

Signature:

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

Suzanna Friedman, 901 Coco Plum Way, Plantation, FL 33324.

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 606, F.S.

Registered Agent's Signature

Suzanna Friedman

ARTICLE IV - The name and address of the person authorized to manage and control the Limited Liability Company:

Title: ROBIN LYNN SEGEDIN, DC, AMBR

ARTICLE V - LIMITED LIABILITY COMPANY PURPOSE:

The Purpose of Chiroganics, PLLC is to offer Chiropractic Services through its licensed Chiropractors. The Corporation shall comply in all respects with that law, including the restrictions on who may be Members and who may render professional services on behalf of the PLLC. In addition, the PLLC shall comply with all rules and of the licensing body for the profession of Chiropractic Physicians in the State of Florida.

REQUIRED SIGNATURE:

(In accordance with section 606.0203 (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.)

Robin Lynn Segedin

Robin Lynn Segedin, DC License Number CH 11406

DATE: 2/25/15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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