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COVER LETTER

	vision of Corporations		
SUBJECT	BRIAN DRUTMAN, D.C., LLC		
SUBJECT		d Liability Company	
The enclose	ed Articles of Organization and fee(s) are su	abmitted for filing.	
Please retur	n all correspondence concerning this matte	r to the following:	
	Stephen Lawler, Esq.		
]	Name of Person	
	The Lawler Firm, PA		
		Firm/Company	
	1763 S. Kings Ave.		
		Address	
	Brandon, FL 33511		
5	City/ slawler@thelawlerfirm.com	State and Zip Code	
_	E-mail address: (to be used for	future annual report notificati	ion)
For further in	formation concerning this matter, please ca	11:	
	Stephen Lawler 813	413-8828	
	Name of Person Area	Code Daytime Telephon	e Number
Enclosed is	a check for the following amount:		
\$125.00 Fil	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 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 Liabili	ity.Company is:		rrre()	IVE DATE 8-1-15
, ,				
BRIAN DRUTMAN	N, D.C., LLC			
(Must end	with the words "Limite	ed Liability Co	npany, "L.L.C.," or "LL	.C.")
ARTICLE II - Address: The mailing address and street a	address of the principal	office of the L	mited Liability Compan	ıy is:
<u>Princi</u>	pal Office Address:		<u>Mailin</u>	g Address:
1316 W. Busch Blvd	d.		1316 W. Busch Blvd.	
Tampa, FL 33612			Tampa, FL 33612	
				
The name and the Florida street	Stephen Lawler, Es	_		
,	1763 S. Kings Ave.			
	Florida street addre		IOT acceptable)	
	Brandon	FL	33511	
	City	State	Zip	
Having been named as registered place designated in this certificate further agree to comply with the p arm familiar with and accept the o	e, I hereby accept the approvisions of all statutes obligations of my position	pointment as re relating to the n as registered	egistered agent and agre proper and complete per	e to act in this capacity. I formance of my duties, and I Chapter 605, F.S
		(CONTIN	U ED)	

Page 1 of 2

ZIIS JUN -1 PIZ: 16

Title: "AMBR" = Au "MGR" = Mar	uthorized Member	Name and Address:
MGR - Mai	iagei	Brian Drutman, DC
		1316 W. Busch Blvd.
		Tampa, FL 33612
(Use attachme	nt if necessary)	
ICLEV. Effective	data if other than the data of	f filing: August 1, 2015 . (OPTIONAL)
i effective date is li	sted, the date must be speci	ific and cannot be more than five business days prior to or 90 da
: If the date insert	ed in this block does not med e date on the Department of	et the applicable statutory filing requirements, this date will not be State's records.
: If the date inserted ocument's effective	e date on the Department of	
E: If the date insert locument's effective ICLE VI: Other pro	e date on the Department of	
locument's effectiv	e date on the Department of ovisions, if any. SIGNATURE:	State's records.
E: If the date insert locument's effective ICLE VI: Other pro	Signature of a mem (In accordance with section constitutes an affirmation u I am aware that any false in	ber or an authorized representative of a member. n 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true. nformation submitted in a document to the Department of State
E: If the date insert locument's effective ICLE VI: Other pro	SIGNATURE: Signature of a mem (In accordance with section constitutes an affirmation of a management of a man	ber or an authorized representative of a member. n 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true. Information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.)
e: If the date insert document's effective ICLE VI: Other pro	Signature of a mem (In accordance with section constitutes an affirmation u I am aware that any false in constitutes a third degree for Stephen M. Lawler	ber or an authorized representative of a member. n 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true. Information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.)
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ARTICLE IV-