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FLORIDA LIMITED LIABILITY CO.  
WEST ORLANDO CHIROPRACTIC CARE, LLC

Certificate of Status	1
Certified Copy	0
Page Count	01
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**ARTICLES OF ORGANIZATION  
FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**WEST ORLANDO CHIROPRACTIC CARE, LLC.**

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

**ARTICLE II - Address:**

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

Mailing Address: 5401 Alhambra Drive, Suite C, Orlando, FL 32808

Physical Address: 5401 Alhambra Drive, Suite C, Orlando, FL 32808

**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:

Katherine Machara

5401 Alhambra Drive, Suite C

Orlando, FL 32808

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..

X Katherine Machara  
Katherine Machara / Registered Agent's Signature

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**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

"MGR" = Manager

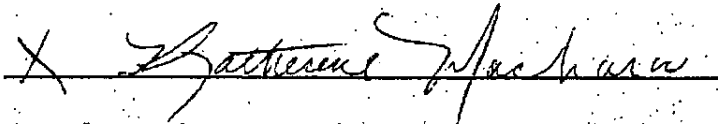
"MGRM" = Managing Member

Katherine Machara, MGRM  
5401 Alhambra Drive, Suite C  
Orlando, FL 32808

**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.)

**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. )

**Katherine Machara**

Typed or printed name of signee

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