

**Electronic Articles of Organization  
For  
Florida Limited Liability Company**

**L15000142380  
FILED 8:00 AM  
August 19, 2015  
Sec. Of State  
nhaney**

**Article I**

The name of the Limited Liability Company is:

VITA CHIROPRACTIC CLINIC, LLC

**Article II**

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

6822 W. WATER AVE.  
TAMPA, FL. US 33634

The mailing address of the Limited Liability Company is:

1414 JEFFORDS ST.  
CLEARWATER, FL. US 33756

**Article III**

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

RAMI G AMIN  
1414 JEFFORDS ST.  
CLEARWATER, FL. 33756

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.

Registered Agent Signature: RAMI G. AMIN

### **Article IV**

The name and address of person(s) authorized to manage LLC:

Title: AMBR  
RAMI G AMIN  
1414 JEFFORDS ST.  
CLEARWATER, FL. 33756 US

Title: AMBR  
KLER KOZIC  
14010 CLUBHOUSE CIRCLE APT# 1010  
TAMPA, FL. 33618 US

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### **Article V**

The effective date for this Limited Liability Company shall be:

08/20/2015

Signature of member or an authorized representative

Electronic Signature: RAMI G. AMIN

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.