Florida Department of State Division of Corporations

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FLORIDA LIMITED LIABILITY CO.

Suzanne Eileen Demers, PLLC

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ARTICLES OF ORIGANIZATION FOR FLORIDA LIABILITY COMPANY SECRETARY UP STATE TALLAHASSEE FLORIDA

ARTICLEL NAME

Suzanne Eileen Demers, PLLC The name of the Limited Liability Company is:

<u>ARTICLE</u> II PRINCIPAL AND MAILING OFFICE ADDRESS

The principal place of business/mailing address is:

1875 La Grande Drive Dunedin FL 34698

Registered Agent, Registered Office & Registered Agent's Signature;

The name and Florida Street address of the initial registered agent is:

Suzanne E, Demers 1875 La Grande Drive Dunedin FL 34698

Having been named as registered again and to accept service of process for the above stated finities to appear at the place designated to this certificate, I hereby accept the appulatment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all austates relating to the proper and camplete performance of my duties, and I am familiar with sud accept the obligations of my position as registered agent as provided for in Chapter 605, P.S.

Signature/Ragistered Agent

ARTICLE IV Manager(s)

The name, title and address of each person authorized to manage and control the Limited Liability Company: Suzanne E. Demers - manager 1875 La Grande Drive Dunedin FL 34698

ARTICLE V EFFECTIVE DATE

The effective date of this filing:

Immediately upon filing,

ARTICLE VI BUSINESS PURPOSE

Chiropractic Physician

Signature of a member of an authorized representative of a member. (In accordance with section 605.0203 (1) (b), Florida Stanues, the execution of this document constitutes an affirmation under the penalties of perjury that the faces 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 \$,817.155, F.S.)