Electronic Articles of Organization For Florida Limited Liability Company

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Sec. Of State
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Article I

The name of the Limited Liability Company is:

PERFECTCARE CHIROPRACTIC CENTER LLC

Article II

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

2311 10TH AVE N
UNIT 4
LAKE WORTH, FL. US 33461

The mailing address of the Limited Liability Company is:

2311 10TH AVE N
UNIT 4
LAKE WORTH, FL. US 33461

Article III

Other provisions, if any:

TO PROVIDE THE BEST CHIROPRACTIC CARE AROUND THE SOUTH FLORIDA AREA.

Article IV

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

JASON S GALLOW
3025 LAKEWOOD LN
HOLLYWOOD, FL. 33021

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: JASON SETH GALLOW

Article V

The effective date for this Limited Liability Company shall be:

04/22/2016

Signature of member or an authorized representative

Electronic Signature: JASON SETH GALLOW

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.