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Florida Department of State  
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Email Address: american spinal center @ hot mail. com

**FLORIDA LIMITED LIABILITY CO.  
Ideal Health and Wellness Center, LLC**

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**ARTICLES OF ORGANIZATION  
OF  
IDEAL HEALTH AND WELLNESS CENTER, LLC**

**ARTICLE I  
Name and Duration**

The name of this Limited Liability Company is **IDEAL HEALTH AND WELLNESS CENTER, LLC**, (hereinafter referred to as the "Company"). The duration of the Company shall be perpetual, commencing as of the date signed below or when accepted for filing by the Secretary of State.

**ARTICLE II  
Principal Office**

The mailing address and street address of the principal office of the Company is **8001 North Dale Mabry Highway, Building 301, Tampa, Florida 33614**, or such other place as the Members may determine from time to time.

**ARTICLE III  
Registered Office and Agent**

The address of the registered office of the Company in the State of Florida is **8001 North Dale Mabry Highway, Building 301, Tampa, Florida 33614**. The name of the registered agent at such address is **Donna Maddox**.

**ARTICLE IV  
Company Purposes, Powers and Rights**

1. The nature of the business to be conducted or promoted and the purposes of the Company is to engage in any and all purposes permitted by law.
2. The Company shall have all of the powers granted to a limited liability company under the laws of the State of Florida, including, without limitation, the powers specifically enumerated in Section 605.0109, Florida Statutes.
3. In furtherance of its purposes, the Company shall have all of the general and specific powers and rights granted to and conferred on a company under the laws of the State of Florida, including, without limitation, the powers specifically enumerated in Section 605.0109, Florida Statutes.

**ARTICLE V  
Members & Managers**

1. The initial members of the Company (the "Members") are set forth in the Company's records dated as of the date hereof.

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2. Additional Members may be admitted from time to time only upon the written consent of all of the Members, and under the terms and conditions upon which such consent may be conditioned.

**ARTICLE VI**  
**Amendment**

The Members shall have the right to amend, alter, change or repeal any provision contained in these Articles of Organization, in the manner now or hereafter prescribed by a written agreement among the Members and all rights conferred upon Members herein are granted subject to this reservation.

**ARTICLE VII**  
**Regulations**

The power to adopt, alter, amend or repeal an Operating Agreement (Regulations) for the management of this Company shall be vested in the Members.

**ARTICLE VIII**  
**Transferability of Members' Interest**

A Member's interest in the Company may be transferred only with the unanimous written consent of all the remaining Members if the transferee intends to become a Member. Subject to the terms of a written agreement among the Members, without such consent, the transferee shall not be entitled to become a Member of the Company, but shall be entitled only to the share of profits, other compensation or return of contributions to which the transferor otherwise would be entitled.

The undersigned, for the purpose of forming a Limited Liability Company under the laws of the State of Florida, and as the Authorized Representative of the Company, does execute, file and record these Articles of Organization, and does certify that the facts herein stated are true.

DATED: This 9<sup>th</sup> day of May, 2016.

**AUTHORIZED REPRESENTATIVE & ORGANIZER:**

Donna M. Maddox  
Donna Maddox

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**ACKNOWLEDGMENT**

STATE OF FLORIDA  
COUNTY OF Alachua }

The foregoing instrument was acknowledged before me on this 9 day of May  
2016, by Donna Marie Maddox, who is: \_\_\_\_\_ personally known to me; or, X  
presented ID License form of identification, acting as the Authorized Representative and  
Organizer of this Company.



JANE SELIG  
MY COMMISSION # FF 056263  
EXPIRES: July 18, 2019  
Bonded Third Budget Notary Services

Jane Selig  
NOTARY PUBLIC STATE OF FLORIDA

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**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT AND REGISTERED OFFICE  
OF  
IDEAL HEALTH AND WELLNESS CENTER, LLC**

PURSUANT TO THE PROVISIONS OF SECTION 605.0113, FLORIDA STATUTES,  
THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING  
STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN  
THE STATE OF FLORIDA:

1. The name of the limited liability company is: IDEAL HEALTH AND WELLNESS  
CENTER, LLC.

2. The name and the Florida street address of the registered agent are:

Donna Maddox  
8001 North Dale Mabry Highway  
Building 301  
Tampa, Florida 33614

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.

By: Donna M. Maddox, 5/9/16

Name: Donna Maddox /Date

Address: 8001 North Dale Mabry Highway  
Building 301  
Tampa, Florida 33614

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