

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

**L16000099228
FILED 8:00 AM
May 20, 2016
Sec. Of State
mtmoon**

Article I

The name of the Limited Liability Company is:
MANUAL MEDICINE WELLNESS CLINIC, PLLC

Article II

The street address of the principal office of the Limited Liability Company is:
1011 NW 156 AVE
PEMBROKE PINES, FL. US 33028

The mailing address of the Limited Liability Company is:
1011 NW 156 AVE
PEMBROKE PINES, FL. US 33028

Article III

Other provisions, if any:

THE PURPOSE OF THIS LLC IS TO PROVIDE EXCEPTIONAL HEALTH CARE AS A CHIROPRACTIC PHYSICIAN FOR BOTH THE WELL-BEING OF THE PATIENT AND BY LAW RESPECTFULLY.

Article IV

The name and Florida street address of the registered agent is:
MARIA HERNANDEZ
1011 NW 156 AVE
PEMBROKE PINES, FL. 33028

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: MARIA HERNANDEZ

Article V

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

Title: MGR
DAVID ANTONIO HERNANDEZ
1011 NW 156 AVE
PEMBROKE PINES, FL. 33028 US

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Signature of member or an authorized representative

Electronic Signature: EFFIE STERN

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.