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Florida Department of State
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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : THE LAW OFFICES OF NICK SPRADLIN PLLC
Account Number : I20070000020
Phone : (813)435-3176
Fax Number : (713)429-1276

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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RECEIVED

16 JUN 20 PM 4:38

STATE
TALLAHASSEE, FLORIDA

FLORIDA LIMITED LIABILITY CO.
North River Chiropractic and Sports Medicine, PLLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

16 JUN 20 AM 9:24

RECEIVED
JUN 20 2016
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

North River Chiropractic and Sports Medicine, PLLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:3113 92nd Ave EParrish Florida 34219**Mailing Address:**3113 92nd Ave EParrish Florida 34219**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

THE LAW OFFICES OF NICK SPRADLIN, PLLC

Name


2202 N. WEST SHORE BLVD. #200Florida street address (P.O. Box **NOT** acceptable)TAMPAFL33607

City

State

Zip

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 as provided for in Chapter 605, F.S.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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16 JUN 20 AM 9:25
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6/20/2016 9:25 AM
NICK SPRADLIN
PARRISH, FL
8133336358

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

Heather J Crawford

3113 92nd Ave E

Parrish Florida 34219

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

THE SPECIFIC BUSINESS PURPOSE OF THIS PLLC IS:

PROFESSIONAL CHIROPRACTIC AND SPORTS MEDICINE SERVICES.

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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 s.817.155, F.S.

NICKOLAS J. SPRADLIN ESQ. AUTHORIZED REP OF MEMBER

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)