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(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

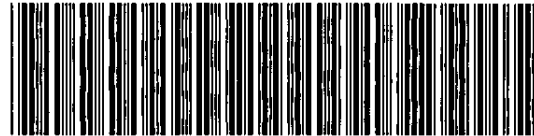
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T. SCOTT



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10 OCT -3 AM 10:30  
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**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Cassara Chiropractic & Nutrition LLC  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Samuel J. Cassara

Name of Person

Cassara Chiropractic & Nutrition, LLC

Firm/Company

11301 SE 189th Terrace

Address

Ocklawaha, FL 32179

City/State and Zip Code

cassarahealthcoaching@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Samuel J. Cassara

352

288-0854

at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:



\$125.00 Filing Fee



\$130.00 Filing Fee &  
Certificate of Status



\$155.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)



\$160.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**Mailing Address**

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**ARTICLES OF ORGANIZATION**  
Of  
**Cassara Chiropractic & Nutrition, LLC**  
EIN: 81-3878146

**Article I.**

The name of the Limited Liability Company is **Cassara Chiropractic & Nutrition, LLC**

**Article II.**

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

Principal Office Address

**11301 SE 189<sup>th</sup> Terrace  
Ocklawaha, FL 32179**

Mailing Address

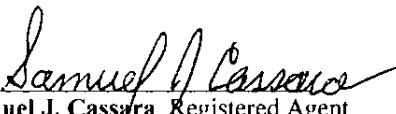
**11301 SE 189<sup>th</sup> Terrace  
Ocklawaha, FL 32179**

**Article III.**

The name and address of the Registered Agent are:

**Samuel J. Cassara  
11301 SE 189<sup>th</sup> Terrace  
Ocklawaha, FL 32179**

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.

  
Samuel J. Cassara, Registered Agent

**Article IV.**

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

**Samuel J. Cassara  
11301 SE 189<sup>th</sup> Terrace  
Ocklawaha, FL 32179**

10 OCT - 3 AM ID: 30

**Article V.**

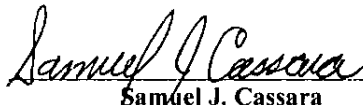
Effective date, of other than the date of filing is: **October 15, 2016.**

**Article VI.**

Other provisions, if any:

None

IN WITNESS WHEREOF, the undersigned organizer, being at least eighteen (18) years of age, has executed and signed these Articles of Organization this **15<sup>th</sup> day of October 2016.**

  
\_\_\_\_\_  
Samuel J. Cassara

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 in s.817.155,F.S.