

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

L18000234731
FILED 8:00 AM
October 03, 2018
Sec. Of State
slsingleton

Article I

The name of the Limited Liability Company is:

LIBERATE CHIROPRACTIC LLC

Article II

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

5115 N SOCRUM LOOP RD
APT 300
LAKELAND, FL. UN 33809

The mailing address of the Limited Liability Company is:

5115 N SOCRUM LOOP RD
APT 300
LAKELAND, FL. UN 33809

Article III

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

JUSTIN M HARRIS
5115 N SOCRUM LOOP RD
APT 300
LAKELAND, FL. 33809

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: JUSTIN HARRIS

Article IV

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

Title: AMBR
ZACHARY D METZ
5115 N SOCRUM LOOP RD APT 300
LAKELAND, FL. 33809 UN

Title: AMBR
JUSTIN M HARRIS
5115 N SOCRUM LOOP RD APT 300
LAKELAND, FL. 33809 UN

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Signature of member or an authorized representative

Electronic Signature: ZACHARY METZ

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.