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SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: Start to Finish Chiropractic PLLC

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:

Jordan Dieterle

Name of Person

Firm/Company

5693 Key Largo Court

Address

Bradenton, Florida 34203

City/State and Zip Code

Starttofinishchiropractic@gmail.com

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

For further information concerning this matter, please call:

Jordan Dieterle 440 537-2258

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 ☒ \$160.00 Filing Fee,
(additional copy is enclosed) 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 FOR FLORIDA
PROFESSIONAL LIMITED LIABILITY COMPANY**

START TO FINISH CHIROPRACTIC PLLC

ARTICLE I

The name of the Professional Limited Liability Company is:

Start to Finish Chiropractic PLLC

ARTICLE II

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

Principal Office Address:

5693 Key Largo Ct.
Bradenton, FL 34203

Mailing Address:


5693 Key Largo Ct.
Bradenton, FL 34203

ARTICLE III

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

Dr. Jordan Dieterle
5693 Key Largo Ct.
Bradenton, FL 34203

Having been named as a registered agent and to accept service of process for the above-stated professional 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

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ARTICLE IV

The name and address of each person authorized to manage and control the Professional Limited Liability Company is listed below. This Professional Limited Liability Company is a member-managed Professional Liability Company. The sole member of this Professional Limited Liability Company is:

Dr. Jordan Dieterle
5693 Key Largo Ct.
Bradenton, FL 34203

ARTICLE V

The effective date of this Professional Limited Liability Company is November 15, 2018.

ARTICLE VI

The purpose for which this Professional Limited Liability Company is organized is the practice of chiropractic on humans and animals.

REQUIRED SIGNATURE:

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.

JD Dieterle
Signature of sole member, Dr. Jordan Dieterle

Jordan Dieterle
Printed name of sole member, Dr. Jordan Dieterle

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TALLAHASSEE, FL