

**L19000028743**

Florida Department of State  
Division of Corporations  
From: Filings, Inc.

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H19000035343 3)))



H19000035343ABC

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

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

From:  
Account Name : FILINGS, INC.  
Account Number : 072720000101  
Phone : (954)791-2100  
Fax Number : (954)583-4117

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

Email Address: \_\_\_\_\_

**FLORIDA LIMITED LIABILITY CO.  
FUSION CHIROPRACTIC HOLDINGS, PLLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

FILED  
19 FEB -4 PM 4:41  
BLACKSTONE LEGAL SUPPLIE  
DIVISION OF CORPORATIONS  
FLORIDA

**ARTICLES OF ORGANIZATION  
FOR  
FUSION CHIROPRACTIC HOLDINGS, PLLC**

The undersigned, for the purpose of forming a limited liability company under the laws of Florida, hereby adopts the following Articles of Organization:

**ARTICLE I - NAME**

The name of the Professional Limited Liability Company ("Company") shall be:

**Fusion Chiropractic Holdings, PLLC**

**ARTICLE II - PURPOSE**

The purpose of the company is to serve as a holding company for companies that provide chiropractic services, physicians services and other medical services.

**ARTICLE III - NATURE OF BUSINESS AND MAILING ADDRESS**

The Company is organized for the purpose of transacting any or all lawful business. The mailing address and street address of the principal office of the Company is:

**Principal Office Address:**

1836 South Federal Highway  
Delray Beach, Florida 33483

**Mailing Address:**


1836 South Federal Highway  
Delray Beach, Florida 33483

**ARTICLE IV - REGISTERED AGENT**

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

**Jonathan D. Louis, P.A.  
7777 Glades Road  
Suite 315-B  
Boca Raton, Florida 33434**

Having been named as registered agent and to accept service of process for the above stated Limited Liability Company at the place designated in these Articles, I hereby accept the appointment of 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 in Chapter 605, Florida Statutes.

  
\_\_\_\_\_  
Jonathan D. Louis, Esq.,  
as President of Jonathan D. Louis, P.A.

FILED  
19 FEB - 4 PM 4:41

**ARTICLE IV - MEMBER MANAGERS**

The Company shall be member managed. The number of managers may be increased or diminished from time to time by the Members. The managers shall be appointed by the Members and shall serve until the first annual meeting of the Members or until their successors are elected and qualified.

The name and address of the initial Member Managers are as follows:

**Title:**

**Name and Address:**

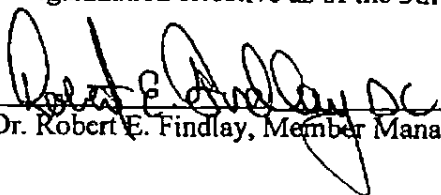
AMBR

Dr. Robert E. Findlay  
1836 South Federal Highway  
Delray Beach, Florida 33483

AMBR

Dr. Michael B. Grasso  
1836 South Federal Highway  
Delray Beach, Florida 33483

**IN WITNESS WHEREOF**, the undersigned, as Member Manager of the Company, has executed these Articles of Organization effective as of the 5th day of December, 2018.

  
\_\_\_\_\_  
Dr. Robert E. Findlay, Member Manager

FILED  
19 FEB -4 PM 4:41  
CLERK OF DISTRICT COURT  
MIAMI, FLORIDA

02/04/2019 2:59PM FAX 8546414192  
850-617-6381

BLACKSTONE LEGAL SUPPLIE

0004/0004

1/31/2019 11:39:09 AM PAGE 1/001 Fax Server



January 31, 2019

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

FILINGS, INC.

SUBJECT: FUSION CHIROPRACTIC HOLDINGS, PLLC  
REF: W19000010045

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The specific purpose of the entity must be set forth in the document.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

DANIEL L O'KEEFE  
Regulatory Specialist II

FAX Aud. #: H19000035343  
Letter Number: 619A00002255