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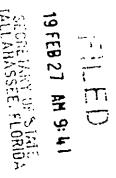
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

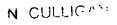
Office Use Only



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COVER LETTER

TO:

New Filing Section

Division of Corporations
SUBJECT: Maximum Health Clinic of Chiropractic 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:
Sarah Palan
Name of Person
Firm/Company
11050 106th Aye.
Address
Seminale, FL 33778 City/State and Zip Code 5.PALONO4@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:
Sayah Palon at (517) 745-3395 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 Certificate of Status (additional copy is enclosed) \$160.00 Filing Fee. Certificate of Status & Certificate Copy (additional copy is enclosed)
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Maxim	um Health Clin	ic of Ch	ropractic LLC	_	
(Must con	tain the words "Limited Liabi	шку Сотрапу	"Lit.i.e., or "Lite.")		
ARTICLE II - Address: The mailing address and street a	address of the principal office	of the Limite	Liability Company is:		
Principal Office Address:			Mailing Address:		
6615 49	m St. N	<u></u>	11050 106th Ave		
ARTICLE III - Registered Ag (The Limited Liability Compan)	y cannot serve as its own Reg		nt's Signature: You must designate an individual or		
ARTICLE III - Registered Ag (The Limited Liability Compan another business entity with an	gent, Registered Office, & Roy cannot serve as its own Reg active Florida registration.)	istered Agent.	nt's Signature:	19 FE8	ا چار مادار ان چار مادار ان چار مادار ان مادار ا
ARTICLE III - Registered Ag (The Limited Liability Compan another business entity with an	gent, Registered Office, & Roy cannot serve as its own Reg active Florida registration.) address of the registered age	istered Agent. nt are:	nt's Signature:	~1	د د د د د د د د د د د د د د د د د د د
ARTICLE III - Registered Ag (The Limited Liability Compan another business entity with an	gent, Registered Office, & Roy cannot serve as its own Reg active Florida registration.) address of the registered agen	istered Agent. nt are:	nt's Signature:	FEB 27	
ARTICLE III - Registered Ag (The Limited Liability Compan another business entity with an	gent, Registered Office, & Roy cannot serve as its own Reg active Florida registration.) address of the registered age	istered Agent. nt are: ne	nt's Signature: You must designate an individual or	FEB 27 AT	
ARTICLE III - Registered Ag (The Limited Liability Compan another business entity with an	gent. Registered Office, & Rey cannot serve as its own Reg active Florida registration.) address of the registered agents of the registered agent	istered Agent. nt are: me	nt's Signature: You must designate an individual or	FEB 27 AT	
ARTICLE III - Registered Ag	gent, Registered Office, & Rey cannot serve as its own Registerion (address of the registered agents) Savan Palo Na 11050 1010** Florida street address (P.6)	istered Agent. nt are: me	nt's Signature: You must designate an individual or	FEB 27 AM 9:	

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.,

Sarah J. Polon
Registered Agent's Signature (REQUIRED)

(CONTINUED)

<u>Title:</u> "AMBR" = Authorized	Name and Address: Iember
"MGR" = Manager AMBR	Saran Palon
	11050 106th Aye
	Seminole, FL 33718
AMBR	Michael Palon For To
· ·	11050 101em AVL
	Seminole, FL 33718
	9
<u> </u>	
(Use attachment if neces	ary)
	or than the data of filing: (OPTIONAL)
TIEV: Effective data if or	er than the date of filing: (OPTIONAL)
CLE V: Effective date, if or effective date is listed, the	ate must be specific and cannot be more than five business days prior to or 90 days af
effective date is listed, the telegraphs to the second filing.)	
effective date is listed, the te of filing.) If the date inserted in this	lock does not meet the applicable statutory filing requirements, this date will not be listed
effective date is listed, the e of filing.) If the date inserted in this cument's effective date on	ate must be specific and cannot be more than five business days prior to or 90 days af- lock does not meet the applicable statutory filing requirements, this date will not be listed the Department of State's records.
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effective date is listed, the te of filing.) If the date inserted in this cument's effective date on	lock does not meet the applicable statutory filing requirements, this date will not be liste ne Department of State's records.

Filing Fees:

Sarah Palon
Typed or printed name of signee

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.

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)