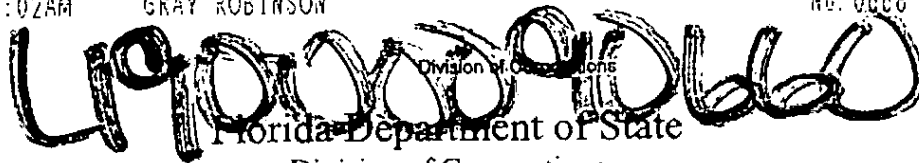


Apr. 4. 2019 11:02AM

GRAY ROBINSON

No. 0668 P. 1

4/4/2019



Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

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.

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To:

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

From: Carrie Ramos, FRP, Paralegal PLEASE FAX CONFIRMATION TO 407 244-5690

Account Name : GRAYROBINSON, P.A. - ORLANDO
Account Number : I20010000078
Phone : (407)843-8880
Fax Number : (407)244-5690

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

Email Address: cfjericho@yahoo.com

FLORIDA LIMITED LIABILITY CO.

LG Chiropractic, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

2019 APR -4 AM 11:17

2019 MAR -4 AM 10:05
SECRETARY OF STATE
TALLAHASSEE, FL

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Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I

Name

The name of this Limited Liability Company is:

LG Chiropractic, LLC

ARTICLE II

Address

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

800 Formosa Avenue
Winter Park, Florida 32792

ARTICLE III

Management

This Limited Liability Company is to be managed by one or more managers and is, therefore, a "manager-managed" limited liability company.

ARTICLE IV

Initial Board of Managers

This Limited Liability Company shall have two (2) managers initially. The number of managers may be either increased or decreased from time to time in accordance with the Operating Agreement of this Limited Liability Company, but shall never be less than one.

The names and addresses of the initial managers of this Limited Liability Company are as follows:

<u>Name</u>	<u>Street Address</u>
John Wash	800 Formosa Avenue Winter Park, FL 32792
Samuel Hines	800 Formosa Avenue Winter Park, FL 32792

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ARTICLE V**Registered Agent, Registered Office & Registered Agent's Signature**

The name and the Florida street address of the Registered Agent of this Limited Liability Company is:

Jason Zimmerman, Esq.
301 E. Pine Street, Suite 1400
Orlando, Florida 32801

Having been named as registered agent to accept service of process for this limited liability company at the place so designated in these Articles of Organization, the undersigned hereby accepts this appointment and agrees to act in this capacity. The undersigned agrees to comply with the provisions of all statutes relating to the proper and complete performance of its duties and is familiar with and accepts the obligations of the undersigned's position as registered agent, as provided for in Chapter 605, Florida Statutes.



REGISTERED AGENT'S SIGNATURE

In accordance with Section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided in Section 817.155, Florida Statutes.



AUTHORIZED REPRESENTATIVE'S SIGNATURE

Jason Zimmerman, Esq.

Type or printed name of signee

FILING FEES:

\$100.00 Filing Fee for Articles of Organization
\$25.00 Designation of Registered Agent
\$30.00 Certified Copy (OPTIONAL)
\$5.00 Certificate of Status (OPTIONAL)