Page 1 of 2

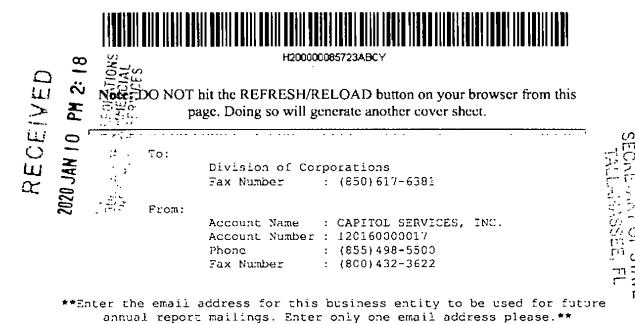
# Division of Corporations Division of Corporations

# 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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## FLORIDA LIMITED LIABILITY CO. IMAC MANAGEMENT OF FLORIDA, LLC

\*\*\*ORIGINAL SUBMISSION WAS NOT REC'D. PLEASE PROVIDE THE ORIGINAL DATE OF 1/8/20\*\*\*

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### **COVER LETTER**

10.	Division of Co			
SUBJEC	CT: IMAC N	fanagement of Florida, LLC		
		Name of Lin	nited Liability Company	······································
The encl	losed Articles o	f Organization and fee(s) are	submitted for filing.	
Please re	oturn all corresp	ondence concerning this ma	itter to the following:	
	Gwendoly	m C. Sutton, Paralegal		
			Name of Person	
	Frost Bro	wn Todd LLC		
			Firm/Company	-
	3300 Gre	at American Tower, 301 Eæ	st Fourth Street	
			Address	
	Cincinna	ati, OH 45202		
			try/State and Zip Code	
		Pibtiaw.com		<u> </u>
		rs-man address; (to be nied.	for future annual report notificati	ion)
Por furthe	r information co	procerning this matter, please	call:	
	Gwendolyn (	* Dirition	849 054 0400	
	<del></del>		651-6133  Ca Code Daytime/Telephon	- N
	1441	BE OF FEISON A	rea Code Daytime Telephon	e Number
Enclosed	i is a check for t	the following amount:		
□\$125.	00 Filing Fee	☐\$130.00 Filing Fee & Certificate of Status	Ex\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		ng Address	Street Address	
		Tiling Section	New Filing Section D	
		on of Corporations Box 6327	The Centre of Tallahi 2415 N. Monroe Stre	
		1855ec. FL 32314	Tallahassee FL 3230	

2020 JAN -8 PH 1: 54 SECNETHERY OF STATE TALLAMASSEE, FL

t	
ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPA	W
	••

IMAC Managem	ent of Florida, LLC			
(Musi co	onatin the words "Limited	Liability Comp	eny, "L.L.C.," or "LL.C.")	
CLE II - Address:	·		•	
ailing address and stree	t address of the principal (	office of the Lin	nited Liability Company is:	
Princ	inal Office Address:	•	Malling Address:	
1605 Westgate CL	rcle		1605 Westgate Circle	
Brentwood, TN 37	1027	<del></del>		
CLE III - Registered A	gent, Registered Office,	Registered Age	Brentwood, TN 37027  Agent's Signature: .m. You must designate an Individu	
CLE III - Registered A imited Liability Compa r business entity with a	gent, Registered Office.	Registered Age on.)	Leant's Signature	
CLE III - Registered A imited Liability Compa r business entity with a	gent, Registered Office, ny cannot sorve as its own n active Plorida registratio	Registered Age on.)	Leant's Signature	
CLE III - Registered A imited Liability Compa r business entity with a	gent, Registered Office, ny cannot serve as its own n active Florida registration at address of the registered NRAI Services, Inc.	Registered Age on.)	Leant's Signature	
CLE III - Registered A imited Liability Compa r business entity with a	gent, Registered Office, ny cannot serve as its own n active Florida registration at address of the registered NRAI Services, Inc.	Registered Age on.) Ingent are:	Leant's Signature	
CLE III - Registered A imited Liability Compa r business entity with a	agent, Registered Office, ny cannot serve as its own n active Plorida registration at address of the registered NRAI Services, Inc.	Registered Age on.) I agent are: Name	Agent's Signature: ent. You must designate an Individu	
CLE III - Registered A imited Liability Compa r business entity with a	gent, Registered Office, ny cannot serve as its own n active Plorida registration et address of the registered NRAI Services, Inc. 1200 South Pine isla	Registered Age on.) I agent are: Name	Agent's Signature: ent. You must designate an Individu	

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.

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Thie: "AMBR" - Authorized Memb "MGR" - Manager	Name and Address:		
MGR	MAC Holdings, Inc. 1805 Westpate Circle Brentwood, TN:37027	SEONET YO	£60 0000
<del>, , , , , , , , , , , , , , , , , , , </del>		, p: -15	ı
I an effective date is listed, the date n e date of filing.)	in the date of filing:	•	
RTICLE VII Other provisions, if any.			
REQUIRED SIGNATURE:			
This document I am aware the	re of a member or an authorized representative of a member, it is executed in accordance with section 605.0203 (1) (b), Florida Statutes, any false information submitted in a document to the Department of State aird degree felony as provided for in s.817.155, F.S.		
<del>Jeft</del>	ey Ervin; Chief Executive Officer of IMAC Holdings, Inc., Manager		

Filing Feet:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)