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Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : GRAYROBINSON, P.A. - ORLANDO
Account Number : 120010000078
Phone : (407) 843-8880
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address:

jeffrey.bankowitz@gray-robinson.com

**FLORIDA LIMITED LIABILITY CO.
LG Chiro WWP, LLC**

Certificate of Status	0
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T. BURCH
FEB 20 2020

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ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I

Name

The name of this Limited Liability Company is: LG CHIRO WWP, LLC

ARTICLE II

Address

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

800 Formosa Avenue
Winter Park, Florida 32789

ARTICLE III

Purpose

This Limited Liability Company is organized for the purposes of owning and leasing real estate, and for any other lawful business under Chapter 605, Florida Statutes.

ARTICLE IV

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

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:

GrayRobinson, P.A.
301 E. Pine Street, Suite 1400
Orlando, FL 32801
Attn: Robert Harding, Esq.

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.

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2020 FEB 19 AM 9:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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

Samuel Hines
Samuel Hines, Authorized Representative

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TALLAHASSEE, FLORIDA

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