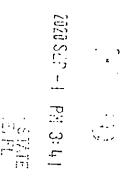
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Dr. Jake Lowe RX Chiro, LLC 1143 19th Av N St. Petersburg, FL 33704

August 20, 2020

Secretary of State Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: RX Chiro, LLC

Dear Sir or Madam:

Enclosed please find the original and one copy of Articles of Organization, together with a check in the amount of \$155.00. This represents the cost of the Filing Fees, Certified Copy of Articles of Organization and Fee for Registered Agent Designation for the abovenamed organization.

Very truly yours,

Dr. Jake Lowe RX Chiro, LLC

Enclosures

ARTICLES OF ORGANIZATION

of

RX CHIRO, LLC

The undersigned subscriber to these Articles of Organization, a natural person competent to contract, hereby forms a limited liability company under the laws of the State of Florida.

ARTICLE I - ORGANIZATION NAME

The name of the organization is RX Chiro, LLC.

ARTICLE II - DURATION

The limited liability company shall exist perpetually unless dissolved according to Florida law.

ARTICLE III - PURPOSE

The limited liability company is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida, and to be afforded all the protections of the laws of the State of Florida afforded to limited liability companies.

ARTICLE IV - ORGANIZATION OFFICE

The organization's principal office address shall be as follows:

1143 19th Av N St. Petersburg, FL 33704

The organization's mailing address shall be as follows:

1143 19th Av N St. Petersburg, FL 33704

ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT & REGISTERED AGENT'S SIGNATURE

The name and the Florida street address of the Initial Registered Office and Agent of this Organization is:

Jake Lowe 1143 19th Av N St. Petersburg, FL 33704

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.

Jake Lowe, Registered Agent

ARTICLE VI - MANAGERS

This organization shall have one (1) manager initially. The number of managers may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The name and address of the initial manager of the organization is as follows:

Jake Lowe 1143 19th Av N St. Petersburg, FL 33704

ARTICLE VII - EMAIL CONTACT INFORMATION

The organization's email address shall be jakelowedc@gmail.com

ARTICLE VIII - SIGNER

The name and address of the person signing these Articles of Organization is as follows:

Jake Lowe 1143 19th Av N St. Petersburg, FL 33704

ARTICLE IX - MANAGEMENT

The Limited Liability Company is to be managed by one or more managers who are also members and is, therefore, a member – managed company.

IN WITNESS WHEREOF, the undersigned subscriber has executed these Articles of Organization this Articles of August, 2020

Jake Lowe

STATE OF FLORIDA COUNTY OF PINELLAS

BEFORE ME, a Notary Public authorized to take acknowledgments in the State and County set forth above, personally appeared Jake Lowe, known to me to be the person who executed the foregoing Articles of Organization, or who presented FL Dr License as identification, and who acknowledged before me that he executed these Articles of Organization.

IN WITNESS WHEREOF, I have hereunto affixed my hand and seal, in the State and County aforesaid, this <u>Alth</u> day of August, 2020

NOTARY
PUBLIC
Comm. # GG 287350
My Comm. Expires
Oct 15, 2022

Notary Public, State of Florida at Large

My Commission Expires: OCt. 15, 2022

SEP -1 PH 3: 41