

**Electronic Articles of Organization
For
Florida Limited Liability Company**

L20000388104
FILED 8:00 AM
December 11, 2020
Sec. Of State
jsdennis

Article I

The name of the Limited Liability Company is:

SUNSHINE CHIROPRACTIC AND REHAB CENTER LLC

Article II

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

6000 S. RIO GRANDE AVE.
SUITE 101
ORLANDO, FL. 32809

The mailing address of the Limited Liability Company is:

6000 S. RIO GRANDE AVE.
SUITE 101
ORLANDO, FL. 32809

Article III

Other provisions, if any:

ANY AND ALL SERVICES PROVIDED UNDER FLORIDA CHIROPRACTIC
PHYSICIAN LICENSE

Article IV

The name and Florida street address of the registered agent is:

LISA MURRAY
1803 PARK CENTER DRIVE
120
ORLANDO, FL. 32835

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.

Registered Agent Signature: LISA MURRAY

Article V

The name and address of person(s) authorized to manage LLC:

Title: P
LISA MURRAY
967 TALL PINE DR
PORT ORANGE, FL. 32127 UN

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Article VI

The effective date for this Limited Liability Company shall be:

12/05/2020

Signature of member or an authorized representative

Electronic Signature: LISA MURRAY

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.