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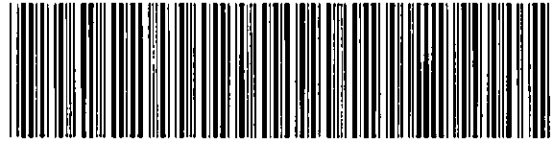
(Business Entity Name)

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Advanced Incorporating Service

1317 California Street
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Tallahassee, FL 32316

Phone: 850-222-CORP
Fax: 850-575-2724
Email: wlopez@aisincfl.com
Website: www.aisincfl.com

NAME OF ENTITY

Schryver Family Chiropractic
and Regenerative Medicine PLLC

FOR OFFICE USE ONLY

PICK ONE:

☐ CERTIFIED COPY ☒ PHOTOCOPY ☐ C.U.S.

FILING:

☐ CORPORATION ☒ LLC ☐ LIMITED PARTNERSHIP ☐ GENERAL PARTNERSHIP
☐ FICTITIOUS NAME ☐ SERVICEMARK/TRADEMARK ☐ AMENDMENT
☐ FOREIGN QUALIFICATION ☐ JUDGMENT LIEN
☐ OTHER _____

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APOSTILLE/NOTARY CERTIFICATION REQUEST:

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Notes: _____

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ARTICLES OF ORGANIZATION FOR

Schrier Family Chiropractic and Regenerative Medicine PLLC

The undersigned, for the purpose of forming a professional limited liability company under the Florida Limited Liability Act, Chapter 605, hereby adopts the following Articles of Organization.

ARTICLE I: NAME AND PURPOSE

The name of the professional limited liability company is **Schier Family Chiropractic and Regenerative Medicine PLLC**. The specific nature of business of this Professional Limited Liability Company is Chiropractic practice.

ARTICLE II: PRINCIPAL OFFICE

The principal office and mailing address of the company is **315 NE Second Ave, Delray Beach, FL 33444**.

ARTICLE V: REGISTERED AGENT AND ADDRESS

The name and address of the initial Registered Agent of the company is **Elan Schrier, DC, 314 NE Second Ave, Delray Beach, FL 33444**.

The undersigned has executed these Articles of Organization this 5th day of April 2022.

"Advanced Filing and Retrieval Services, Inc. by, Weimar Lopez,
Client Representative"

A handwritten signature in black ink, appearing to read 'Weimar Lopez', is written over a horizontal line.

Authorized Representative

CERTIFICATE DESIGNATING REGISTERED AGENT AND REGISTERED OFFICE

Pursuant to the provisions of section 605.0113, Florida Statutes, the
aforementioned company, organized under the laws of the State of
Florida, submits the following statement designating the Registered
Agent and Registered Office, in the State of Florida.

Name of the professional limited liability company:

Schrier Family Chiropractic and Regenerative Medicine PLLC

**Name and address of the Registered Agent and Registered
Office:**

Elan Schrier, DC

314 NE Second Ave, Delray Beach, FL 33444.

Having been named Registered Agent and to accept Service of
Process for the aforementioned company at the designated
place in this certificate, I hereby accept the appointment and
agree to act in its capacity, I further agree, am familiar with and
accept the obligations of my position as Registered Agent as
provided for in Chapter 605, Florida Statutes.

/s/: Elan Schrier, DC

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