

Jun. 21, 2022 2:36PM

GRAY ROBINSON

6/21/22 2:30 PM

Division of Corporations

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

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Account Name : GRAYROBINSON, P.A. - ORLANDO
Account Number : I20010000078
Phone : (407)843-8880
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FLORIDA LIMITED LIABILITY CO.

LG Chiro Nona, LLC

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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 NONA, 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, FL 32789

ARTICLE III
Purpose

This Limited Liability Company is organized for the purposes of any 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.

Managers: Samuel Hines, 425 Selkirk Drive, Winter Park, FL 32792
John Wash, 1224 W. Harvard Street, Orlando, FL 32804

ARTICLE IV
Registered Agent, Registered Office & Registered Agent's Signature

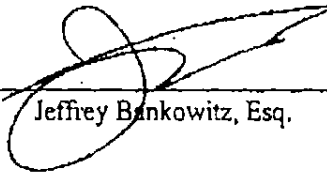
The name and the Florida street address of the Registered Agent of this Limited Liability Company is:

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

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CLERK OF SUPERIOR COURT
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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.

REGISTERED AGENT'S SIGNATURE

Jeffrey Bankowitz, Esq.

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, Authorized Representative2022 JUN 21 AM 10:24
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 06/21/2022 BY 60322
SP-1

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