

Oct 18, 2022 2:48PM

GRAY ROBINSON

No. 3239 P. 1

10/18/22, 2:40 PM

Division of Corporations

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Florida Department of State

Division of Corporations

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Account Number : I20010000078

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 TOWN PARK, LLC

Certificate of Status	0
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Page Count	01
Estimated Charge	\$125.00

2022 OCT 18 PM 4:22

22 OCT 18 PM 12:35
FALL WASH, FL 32109

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Corporate Filing Menu

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Handwritten signature/initials

H22000357563 3

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I
Name

The name of this Limited Liability Company is: **LG CHIRO TOWN PARK, 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.

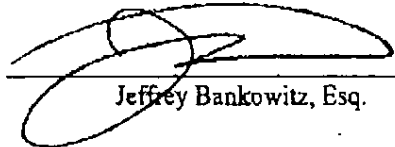
Having been named as registered agent to accept service of process for this limited liability company at the place so designated in these Articles of Organization, the undersigned hereby accepts this appointment and agrees to act in this capacity. The undersigned agrees to comply with the provisions of all statutes relating to the proper and complete

22 OCT 18 PM 12:35
GRAY ROBINSON
P.A.
301 E. PINE STREET
SUITE 1400
ORLANDO, FL 32801

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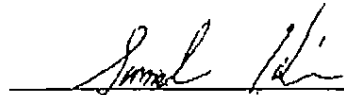
performance of its duties and is familiar with and accepts the obligations of the undersigned's position as registered agent, as provided for in Chapter 605, Florida Statutes.

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 Representative

22 OCT 18 PM 12:35
TALLAHASSEE, FLORIDA