

Oct 16 2022 2:47PM  
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GRAY ROBINSON

No. 3238 P. 1

Division of Corporations

Florida Department of State  
Division of Corporations  
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To:

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Fax Number : (850)617-6381

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Account Name : GRAYROBINSON, P.A. - ORLANDO  
Account Number : 120010000078  
Phone : (407)843-8880  
Fax Number : (407)244-5690

**\*\*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.Pankowitz@Gray-Robinson.com

FLORIDA LIMITED LIABILITY CO.  
LG CHIRO WILLA SPRINGS, LLC

Certificate of Status	0
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TALLAHASSEE, FLORIDA

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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 WILLA SPRINGS, 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*

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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

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STATE OF FLORIDA  
DEPARTMENT OF STATE