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To:  
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From:  
Account Name : NASCN, YEAGER, GERSON, WHITE & LIOCE, P.A.  
Account Number : 073222003555  
Phone : (561)686-3307  
Fax Number : (561)290-1500

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: bmann@nasoneyeager.com

FLORIDA LIMITED LIABILITY CO.  
CCLW, LLC

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**ARTICLES OF ORGANIZATION**

**OF**

**CCLW, LLC**

I, the undersigned authorized representative of the Member(s), hereby make, acknowledge and file these Articles of Organization for the purpose of forming a limited liability company under the laws of the State of Florida.

**ARTICLE I  
NAME**

The name of the Limited Liability Company is:

**CCLW, LLC**

**ARTICLE II  
ADDRESS**

The street address and mailing address of the principal office is:

1600 S. Federal Hwy, Suite 811  
Pompano Beach, FL 33062

**ARTICLE III  
CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

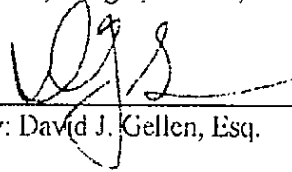
The name and the Florida street address of the registered agent and office are:

Nason, Yeager, Gerson, Harris & Fumero, P.A.  
3001 PGA Boulevard, Suite 305  
Palm Beach Gardens, FL 33410

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Having been named as registered agent to accept service of process for the above-stated limited liability company, at the location designated herein, I hereby consent to and accept the appointment to act in this capacity, acknowledge that I am familiar with and accept the obligations of a registered agent and agree to comply with the laws of Florida applicable thereto.

Nason, Yeager, Gerson, Harris & Fumero, P.A.



By: David J. Gellen, Esq.

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**ARTICLE IV  
MANAGEMENT**

The powers of the Limited Liability Company shall be exercised by or under the authority of, and the business and affairs of the Limited Liability Company shall be managed under the direction of its manager(s) (each, a "Manager") and is, therefore, a manager-managed company. The number of Managers shall initially be one (1), provided that the number may be increased or decreased from time to time by an amendment to these Articles of Organization, by a resolution adopted by the Manager(s), or as otherwise set forth in the Limited Liability Company's Operating Agreement; provided, however, that no decrease in the number of Managers shall have the effect of reducing the number of Managers to less than one (1). The name and address of the sole initial Manager of the Limited Liability Company are as follows:

CHIROCARE OF FLORIDA, INC.  
1600 S. Federal Hwy, Suite 811  
Pompano Beach, FL 33062

IN WITNESS WHEREOF, the undersigned authorized representative of the Member(s) has made and subscribed these Articles of Organization at Palm Beach Gardens, Florida, for the uses and purposes aforesaid, this 19 day of May, 2023.



David J. Gellen, Esq., Authorized Representative of the Member(s)