

**Electronic Articles of Organization
For
Florida Limited Liability Company**

**L24000192735
FILED 8:00 AM
April 24, 2024
Sec. Of State
fjeggleston**

Article I

The name of the Limited Liability Company is:

JM FAMILY CHIRO CARE, LLC

Article II

The street address of the principal office of the Limited Liability Company is:

6685 FOREST HILL BLVD
SUITE 210
GREENACRES, FL. US 33413

The mailing address of the Limited Liability Company is:

PO BOX 15092
WEST PALM BEACH, FL. US 33416

Article III

The name and Florida street address of the registered agent is:

MYRA SANDERS
5400 S UNIVERSITY DR
SUITE 416B
DAVIE, FL. 33328

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: MYRA SANDERS

Article IV

The name and address of person(s) authorized to manage LLC:

Title: MGR
JOANISTE ST-HILAIRE, DC DR
PO BOX 15092
WEST PALM BEACH, FL. 33416 US

Title: MGR
MIRLINE ST-HILAIRE
PO BOX 15092
WEST PALM BEACH, FL. 33416 US

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Article V

The effective date for this Limited Liability Company shall be:

04/24/2024

Signature of member or an authorized representative

Electronic Signature: DR JOANISTE ST-HILAIRE, DC

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.