

To:

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Anna Manukyar

11/13/24, 5:11 PM

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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : LEGALINC CORPORATE SERVICES INC.  
Account Number : T20180000011  
Phone : (844)386-0178  
Fax Number : (323)372-3532

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

Email Address:

FLORIDA LIMITED LIABILITY CO.  
FAMILY CHIROPRACTIC PROPERTIES II, LLC

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$155.00

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TALLAHASSEE, FLORIDA

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Electronic Filing Menu

Corporate Filing Menu

Help

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8403 Balm Street  
Spring Hill, Florida 34607

November 12, 2024

New Filing Section  
Florida Department of State  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Re: Family Chiropractic Properties II, LLC

Dear Sir or Madam:

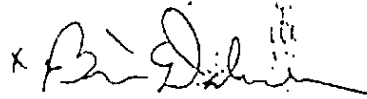
Please find attached Articles of Organization for the above-referenced entity.

I currently have another Limited Liability Company registered with the State by the name of Family Chiropractic Properties, LLC.

Please process the attached Articles of Organization for Family Chiropractic Properties II, LLC.

Thank you in advance for your help in this matter.

Sincerely,

x   
Brian Dahmer

BD/  
Attachments

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13239781209

From: Anna Manukya.

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ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - NAME OF LIMITED LIABILITY COMPANY

THE NAME OF THE LIMITED LIABILITY COMPANY IS:

FAMILY CHIROPRACTIC PROPERTIES II, LLC

ARTICLE II - ADDRESS OF LIMITED LIABILITY COMPANY

THE PRINCIPAL PLACE OF BUSINESS AND MAILING ADDRESS OF THE  
LIMITED LIABILITY COMPANY IS:

8403 BALM STREET  
SPRING HILL, FLORIDA 34607


ARTICLE III - REGISTERED AGENT AND OFFICE

THE NAME OF THE REGISTERED AGENT AND THE STREET ADDRESS OF  
THE REGISTERED OFFICE OF THE LIMITED LIABILITY COMPANY IS:

BRIAN DAHMER  
8403 BALM STREET  
SPRING HILL, FLORIDA 34607

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 AS PROVIDED FOR IN CHAPTER 605, FLORIDA STATUTES.

DATED: 11/11/2024

  
BRIAN DAHMER

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2024-11-12 17:13:42 PST

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From: Anna Manukys

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ARTICLE IV - MANAGEMENT

THE NAME AND ADDRESS OF EACH MANAGER OR MANAGING MEMBER IS  
AS FOLLOWS:

MANAGER:

BRIAN DAHMER  
8403 BALM STREET  
SPRING HILL, FLORIDA 34607

MEMBER:

BRIAN DAHMER  
8403 BALM STREET  
SPRING HILL, FLORIDA 34607

MANAGER:

MARIE DAHMER  
8403 BALM STREET  
SPRING HILL, FLORIDA 34607

MEMBER:

MARIE DAHMER  
8403 BALM STREET  
SPRING HILL, FLORIDA 34607

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TALLAHASSEE, FLORIDA  
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DATED: 11/11/2024

X Brian Dahmer  
BRIAN DAHMER

IN ACCORDANCE WITH SECTION 605.0203(1)(b), FLORIDA STATUTES, THE  
EXECUTION OF THIS DOCUMENT CONSTITUTES AN AFFIRMATION UNDER  
PENALTIES OF PERJURY THAT THE FACTS STATED HEREIN ARE TRUE.

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