

L24000484645

11.19.24

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

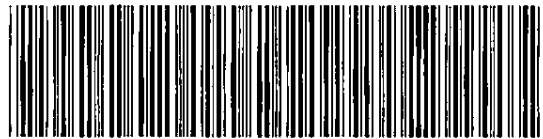
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100439507981

FILED
SECRETARY OF STATE
24 NOV 19 AM 6:20
OFFICE OF STATE OPERATIONS

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Castelli Chiropractic Center, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sebastian Castelli
Name of Person

Castelli Chiropractic Center, LLC
Firm/Company

12187 Beach Blvd, Suite 1
Address

Jacksonville, FL 32246
City/State and Zip Code

dr.castelli33@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sebastian Castelli at (561) 676-1442
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☒ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Castelli Chiropractic Center, LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

12187 Beach Blvd
Suite 1
Jacksonville, FL 32246

Mailing Address:

12187 Beach Blvd
Suite 1
Jacksonville, FL 32246

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Maria Castelli
Name

1007 Rustic Mill Drive S
Florida street address (P.O. Box **NOT** acceptable)

SF Augustine FL 32092
City State Zip

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, F.S..

Maria A Castelli
Registered Agent's Signature (REQUIRED)

(CONTINUED)

24 NOV 19 AM 6:20

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

Sebastian Castelli
12187 Beach Blvd, Suite 1
Jacksonville, FL 32216

(Use attachment if necessary)

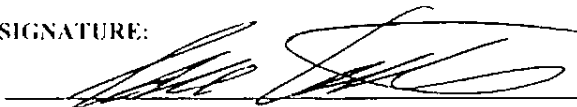
ARTICLE V: Effective date, if other than the date of filing: October 25th, 2024 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any 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.

Sebastian Castelli
Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

Operating Agreement of Castelli Chiropractic Center, LLC

This Operating Agreement ("Agreement") is entered into effective as of [Insert Date] by and between the following parties:

1. Sebastian Castelli, Managing Member

Article I: Formation

1.1 Formation

The Members hereby form a Limited Liability Company, Castelli Chiropractic Center, LLC pursuant to the Florida Limited Liability Company Act.

1.2 Name

The name of the Company is Castelli Chiropractic Center, LLC.

1.3 Principal Office

The principal office of the Company shall be located at:

12187 Beach Blvd, Suite 1, Jacksonville, FL 32246

1.4 Registered Agent

The registered agent for service of process is Maria Castelli and their office address will be 1007 Rustic Mill Drive S, St Augustine, FL 32092

Article II: Purpose

2.1 Business Purpose

The purpose of the Company is to operate a chiropractic practice and engage in any lawful activities allowed under Florida law.

Article III: Member Information

3.1 Members

The sole Member of the Company is Sebastian Castelli.

3.2 Capital Contributions

The Member has made an initial capital contribution of \$100, and no additional contributions are required unless agreed upon by the Member.

Article IV: Management

4.1 Management Structure

The Company shall be managed by the Member. The Member shall have full authority to manage and control the business and affairs of the Company.

4.2 Powers of the Member

The Member shall have the power to make all decisions regarding the operation of the Company, including but not limited to:

- Entering into contracts
- Hiring and terminating employees
- Managing finances and banking
- Buying and selling assets

Article V: Distributions

5.1 Distributions

Distributions shall be made to the Member at the discretion of the Member, with consideration given to the financial needs of the Company.

Article VI: Fiscal Matters

6.1 Fiscal Year

The fiscal year of the Company shall end on December 31 of each year.

6.2 Bank Accounts

The Company shall maintain its bank accounts in its name, and all funds of the Company shall be deposited therein.

Article VII: Indemnification

7.1 Indemnification

The Company shall indemnify the Member to the fullest extent permitted under Florida law against any and all expenses and liabilities incurred in connection with the Company's affairs.

Article VIII: Amendments

8.1 Amendments

This Agreement can only be amended or modified by a written agreement signed by the Member.

Article IX: Miscellaneous

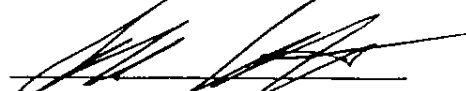
9.1 Governing Law

This Agreement shall be governed by and construed in accordance with the laws of the State of Florida.

9.2 Severability

If any provision of this Agreement is held to be invalid, illegal, or unenforceable, the remaining provisions shall remain in full force and effect.

IN WITNESS WHEREOF, the undersigned Member executed this Operating Agreement as of the date first above written.



Sebastian Castelli, Member

Date: October 25th, 2024

FILED
SECRETARY OF STATE
24 NOV 19 AM 6:21