

L99 000008333

TRANSMITTAL LETTER
FOR FLORIDA LIMITED LIABILITY COMPANY

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: ACTION CHIROPRACTIC & ASSOCIATES, LLC,
(Proposed limited liability company name - must include suffix)

700003048777--4
-11/18/99--01064--015
***285.00 ***155.00

Enclosed is an original and one (1) copy.

W99-26725

Filing fee for articles of organization of Florida Limited Liability Company:

- \$250.00 Filing fee for Articles of Organization and Affidavit
- \$ 35.00 Designation of Registered Agent

A letter of acknowledgement will be issued free of charge upon filing. Please submit an additional \$8.75 if a certificate of status is needed. The fee for a certified copy is \$52.50. Please send one check for the total amount made payable to the Florida Department of State.

FROM: WINSTON ROSS
Name (Printed or typed)

415-17 E MICHIGAN STREET
Address

ORLANDO, FL 32806
City, State & Zip

407-886-2344
Daytime Telephone number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

99 DEC -2 PM 8:18

FILED

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12/2



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

November 19, 1999

WINSTON ROSS
415-17 E. MICHIGAN STREET
ORLANDO, FL 32806

SUBJECT: ACTION CHIROPRACTIC & ASSOCIATES, LLC
Ref. Number: W99000026725

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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We have received your document for ACTION CHIROPRACTIC & ASSOCIATES, LLC and your check(s) totaling \$285.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Effective October 1, 1999, Chapter 608, Florida Statutes, does not require or permit the filing of an "Affidavit of Membership and Capital Contributions." Therefore, the enclosed document has not been filed and is being returned to you.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6097.

Michael Mays
Document Specialist

Letter Number: 399A00055662

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ACTION CHIROPRACTIC & ASSOCIATES, LLC

ARTICLE II - Address:

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

*415-17 E MICHIGAN STREET
ORLANDO, FL 32806*

ARTICLE III - Duration:

The period of duration for the Limited Liability Company shall be:

PERPETUAL

ARTICLE IV - Management:

(check and complete the appropriate statement)

The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are:

*H J COMPUTER SERVICES
2341 WEKIVA RIDGE ROAD
APOPKA FL 32712*

The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/are:

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TALLAHASSEE, FLORIDA

ARTICLE V - Admission of Additional Members:

The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be:

ADDITIONAL MEMBERS MAY BE ADMITTED IF DECIDED, BY THE EXISTING MEMBERS, NEW MEMBERS WILL ABIDE BY POLICIES AND PROCEDURES ESTABLISHED PRIOR TO ADMITTANCE.

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TALLAHASSEE, FLORIDA

ARTICLE VI - Members Rights to Continue Business:

The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be:

THE REMAINING MEMBERS WILL CONTINUE TO OPERATE THE BUSINESS.

NOTE: If no provisions are to be made in Article V and VI remove this page before submitting for filing with the Department of State.

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

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: _____
ACTZON CHIROPRACTIC & ASSOCIATES, LLC

2. The name and address of the registered agent and office is:

WINSTON ROSS
(NAME)

415-17 E MICHIGAN STREET
(P. O. Box NOT ACCEPTABLE)

ORLANDO, FL 32806
(CITY/STATE/ZIP)

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TALLAHASSEE, FLORIDA

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.

Michael Lee MBA
(SIGNATURE)

11/16/99
(DATE)

Filing Fee: \$ 35 for Designation of Registered Agent