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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

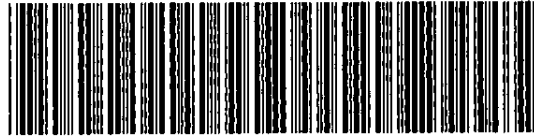
(Business Entity Name)

(Document Number)

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NOV 25 2014
D. BRUCE

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 100% Chiropractic Tallahassee One, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

John M. Stinar, Esq.

Name of Person

Stinar Zendejas Hansen & Gaithe, LLC

Firm/Company

121 E. Vermijo Avenue, Suite 200

Address

Colorado Springs, CO 80903

City/State and Zip Code

sos@coloradolawgroup.com

E-mail address: (to be used for future annual report notification)

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TALLAHASSEE FLORIDA

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For further information concerning this matter, please call:

John M. Stinar, Esq.

Name of Contact Person

at **719**

Area Code

635-4200

Daytime Telephone Number

MAILING ADDRESS:

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

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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
- \$160.00 Filing Fee, Certificate of Status & Certified Copy

Check for \$160.00 was previously submitted and has been cashed by the Division of Corporations, pursuant to conversation with Debra Bruce on November 19, 2014.

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO
TRANSACTION BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A
FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:*

1. 100% Chiropractic Tallahassee One, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

100 Percent Chiropractic Tallahassee One, LLC

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Colorado 3. 46-5473096
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. Estimated first day of business is December 8, 2014
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 1950 Thomasville Road, Suite E
Tallahassee, Florida 32303
(Street Address of Principal Office)

6. 1950 Thomasville Road, Suite E
Tallahassee, Florida 32303
(Mailing Address)

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DEPARTMENT OF STATE
TALLAHASSEE FLORIDA

7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:
William Bevis, D.C., Manager, 1950 Thomasville Road, Suite E, Tallahassee, FL 32303
Jason Helfrich, D.C., Manager, 110 South Weber Street, Suite 104, Colorado Springs, CO 80903
Vanessa Helfrich, D.C., Manager, 110 South Weber Street, Suite 104, Colorado Springs, CO 80903

8. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

W. J. B. - D.C.
Signature of an authorized person

(In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

William Bevis, D.C.
Typed or printed name of signee

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

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

100% Chiropractic Tallahassee One, LLC

If unavailable, the alternate to be used in the state of Florida is:

100 Percent Chiropractic Tallahassee One, LLC

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

William Bevis, D.C.

(Name)

1950 Thomasville Road, Suite E

Florida Street Address (P.O. Box NOT ACCEPTABLE)

Tallahassee

FL

32303

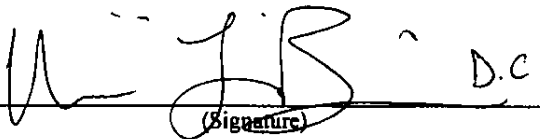
City/State/Zip

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TALLAHASSEE, FLORIDA

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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.

 D.C.
(Signature)

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

OFFICE OF THE SECRETARY OF STATE
OF THE STATE OF COLORADO

CERTIFICATE

I, Scott Gessler, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

100% CHIROPRACTIC TALLAHASSEE ONE, LLC

is a **Limited Liability Company** formed or registered on 04/23/2014 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20141257471.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 11/18/2014 that have been posted, and by documents delivered to this office electronically through 11/19/2014 @ 10:17:07.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Denver, Colorado on 11/19/2014 @ 10:17:07 pursuant to and in accordance with applicable law. This certificate is assigned Confirmation Number 9014231.



A handwritten signature in black ink, appearing to read "Scott Gessler".

Secretary of State of the State of Colorado

*****End of Certificate*****

Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Certificate Confirmation Page of the Secretary of State's Web site, <http://www.sos.state.co.us/biz/CertificateSearchCriteria.do> entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, <http://www.sos.state.co.us/> click Business Center and select "Frequently Asked Questions."