

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

L25000062679
FILED 8:00 AM
February 05, 2025
Sec. Of State
adjohnson

Article I

The name of the Limited Liability Company is:

FUNCTIONAL SPINE CHIROPRACTIC & REHAB LLC

Article II

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

6824 GIDEON CIR
ZEPHYRHILLS, FL. 33541

The mailing address of the Limited Liability Company is:

6824 GIDEON CIR
ZEPHYRHILLS, FL. 33541

Article III

Other provisions, if any:

OFFICE OF CHIROPRACTORS

Article IV

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

VICTOR L MATIAS TORRES
6824 GIDEON CIR
ZEPHYRHILLS, FL. 33541

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: VICTOR L MATIAS TORRES

Article V

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

Title: MGR
VICTOR L MATIAS TORRES
6824 GIDEON CIR
ZEPHYRHILLS, FL. 33541

Title: MGR
MYANELL M ORTA GARCIA
6824 GIDEON CIR
ZEPHYRHILLS, FL. 33541

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Signature of member or an authorized representative

Electronic Signature: VICTOR L MATIAS TORRES

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.