



Phone: (503) 986-2200
Fax: (503) 378-4381

Articles of Organization—Limited Liability Company

Secretary of State
Corporation Division
255 Capitol St. NE, Suite 151
Salem, OR 97310-1327
FilingInOregon.com

FILED

JAN 22 2007

OREGON
SECRETARY OF STATE

REGISTRY NUMBER:

407995-95
For office use only

In accordance with Oregon Revised Statute 192.410-192.490, the information on this application is public record.

We must release this information to all parties upon request and it will be posted on our website.

For office use only

Please Type or Print Legibly in Black Ink. Attach Additional Sheet if Necessary.

- 1) **NAME** (Must contain the words "Limited Liability Company" or the abbreviations "LLC" or "L.L.C.")

CALDERON CHIROPRACTIC CLINIC, LLC

- 2) **DURATION** (Please check one.)

☐ Latest date upon which the Limited Liability Company is to dissolve is _____

☒ Duration shall be perpetual.

- 3) **NAME OF THE INITIAL REGISTERED AGENT**

Nathan Junkin

- 4) **REGISTERED AGENT'S PUBLICLY AVAILABLE ADDRESS** (Must be an Oregon Street Address, which is identical to the registered agent's business office.)

**2920 SW 247th Ave, #G
Hillsboro, OR 97123**

- 5) **ADDRESS WHERE THE DIVISION MAY MAIL NOTICES**

**4456 SE Oakhurst St.
Hillsboro, OR 97123**

- 6) **NAME AND ADDRESS OF EACH ORGANIZER**

**David Junkin
4456 SE Oakhurst St.
Hillsboro, OR 97123**

- 7) **IF THIS LIMITED LIABILITY COMPANY IS NOT MEMBER MANAGED, CHECK ONE BOX BELOW.**

☒ This limited liability company is managed by a single manager.

☐ This limited liability company is managed by multiple manager(s).

- 8) **IF RENDERING A PROFESSIONAL SERVICE OR SERVICES, DESCRIBE THE SERVICE(S) BEING RENDERED.**

Chiropractic Care, Sale of Supplements

- 9) **OPTIONAL PROVISIONS** (Attach a separate sheet if necessary)

☐ See Attached

- 10) **EXECUTION** (The title for each signer must be "Organizer")

Signature

[Signature]

Printed Name

David Junkin

Title

Organizer

Organizer

Organizer

- 11) **CONTACT NAME** (To resolve questions with this filing)

Nathan Junkin

DAYTIME PHONE NUMBER (Include area code)

503-844-0734

FEES

Required Processing Fee \$50
Confirmation Copy (Optional) \$5

Processing Fees are nonrefundable

Please make check payable to "Corporation Division."

NOTE:

Fees may be paid with VISA or MasterCard. The card number and expiration date should be submitted on a separate sheet for your protection.

CENTRO CHIROPRACTIC CLINIC, LLC



40799595-9132344

NEWORG