

STATE OF ALABAMA

**DOMESTIC BUSINESS CORPORATION
CERTIFICATE OF FORMATION**



20150721000248100 1/4 \$158.00
Shelby Cnty Judge of Probate, AL
07/21/2015 04:06:11 PM FILED/CERT

PURPOSE: In order to form a Business Corporation (formerly known as For-Profit Corporation) under Section 10A-1-3.05 and 10A-2-2.02 of the Code of Alabama 1975 this Certificate Of Formation and the appropriate filing fees must be filed with the Office of the Judge of Probate in the county where the corporation's initial registered office is located. **The information required in this form is required by Title 10A.**

INSTRUCTIONS: Mail one (1) signed original and two (2) copies of this completed form and the appropriate filing fees to the Office of the Judge of Probate in the county where the corporation's registered office is/will be located. Contact the Judge of Probate's Office to determine the county filing fees. **Make a separate check or money order payable to the Secretary of State for the state filing fee of \$100.00** and the Judge of Probate's Office will transmit the fee along with a certified copy of the Certificate to the Office of the Secretary of State within 10 days after the Certificate is issued. Once the Secretary of State's Office has indexed the filing the information will appear at www.sos.alabama.gov under the Government Records tab and the Business Entity Records link – you may search by entity name. Your notification of filing was provided by the Probate Judge's Office via a stamped copy and the Secretary of State's Office does not send out a copy. You may pay the Secretary of State fees by credit card if the county you are filing in will accept that method of payment (see attached). Your corporation will not be indexed if the credit card does not authorize and will be removed from the index if the check is dishonored.

(For County Probate Office Use Only)

This form must be typed or laser printed.

1. The name of the corporation (must contain the word "corporation" or "incorporated," or the abbreviation of one of those words, and comply with Code of Alabama Title 10A-1-5.04):

Hometown Chiropractic, LLC

2. **A copy of the Name Reservation certificate from the Office of the Secretary of State must be attached.**

(For SOS Office Use Only)

This form was prepared by: (type name and full address)

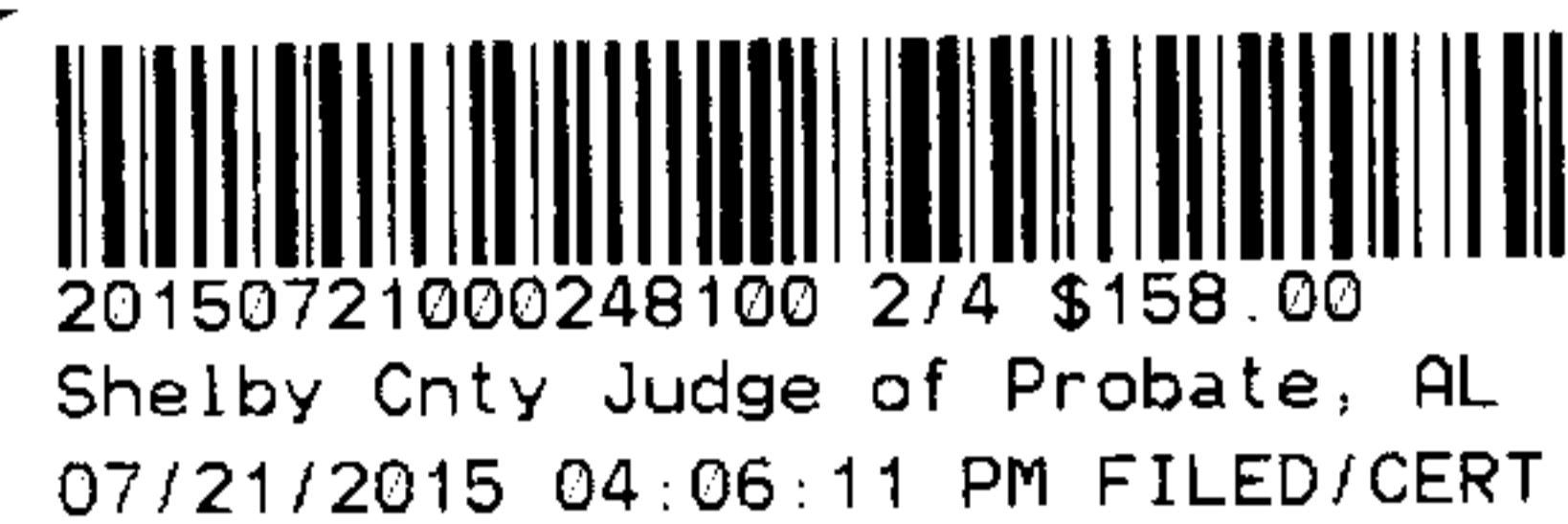
David A. Stull D.C.
1516 Maddox Lane
Monroe, Ga 30656

DOMESTIC BUSINESS CORPORATION CERTIFICATE OF FORMATION

3. Street (**No PO Boxes**) address of principal office of the corporation: 204 East College Street
Columbiana, AL 35051

Mailing address of principal office (if different from street address): P.O. Box 215
Columbiana, AL 35051

4. The name of the Registered Agent: Dr. David A. Stull
Street (**No PO Boxes**) address of Registered Agent: 1516 Maddox Lane
Monroe, Ga 30656



Mailing address of Registered Agent (if different from street address): _____

5. Purpose for which corporation is formed: Chiropractic Services
; the purpose includes the transaction of any lawful business for which corporations may be incorporated in Alabama under Title 10A, Chapter 2 of the Code of Alabama.

6. Number of Shares the corporation is authorized to issue: 1 Par Value _____
(Par value is optional information and does not have to be completed.)

7. Period of duration shall be perpetual unless stated otherwise by an attached exhibit.

8. The name(s) of the Incorporator(s): Dr. David A. Stull

Street (**No PO Boxes**) address of Incorporator(s): 1516 Maddox Lane

Monroe, Ga 30656 Mailing address of Incorporator(s) - (if different from street address): _____
Attach a listing if more Incorporators need to be added.

9. Director's Name: Dr. David A. Stull

Street (**No PO Boxes**) address of Director: 1516 Maddox Lane

Monroe, Ga 30656 Mailing address of Director(s) - (if different from street address): _____

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Director's Name: _____

Street (**No PO Boxes**) address of Director: _____

_____ Mailing address of Director(s) - (if different
from street address): _____

Director's Name: _____

Street (**No PO Boxes**) address of Director: _____

_____ Mailing address of Director(s) - (if different
from street address): _____

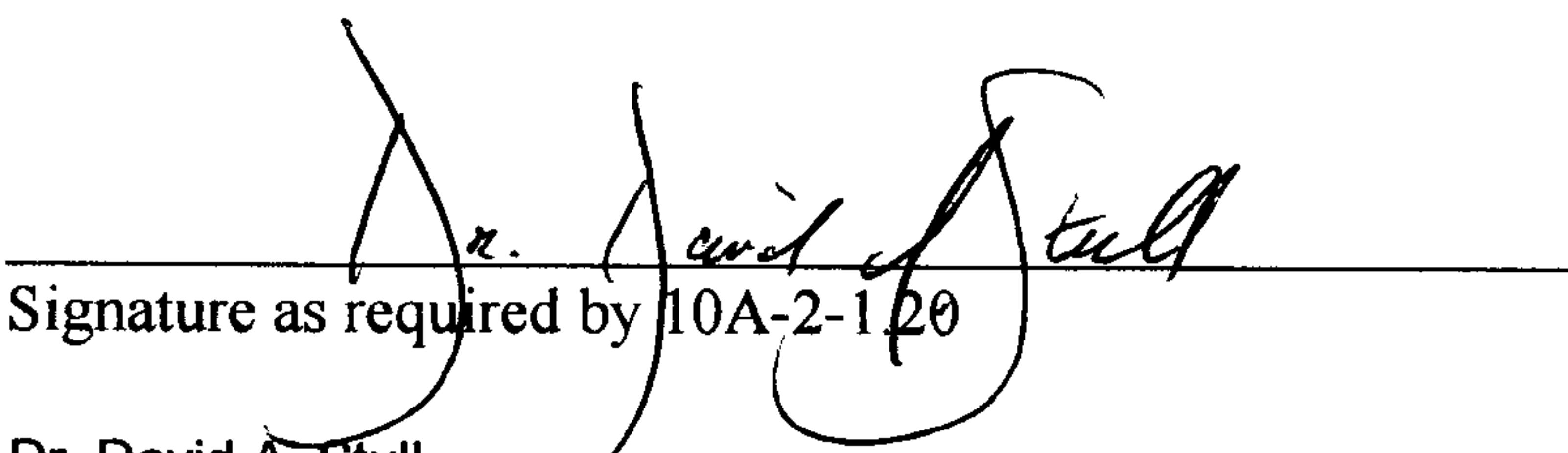
Attach listing if more Directors need to be added.

10. A director has no liability to the corporation or its shareholders for money damages for any action taken, or any failure to take any action, as a director, except liability for (A) the amount of financial benefit received by a director to which he or she is not entitled; (B) an intentional infliction of harm on the corporation or the shareholders; (C) a violation of Section 10A-2-8.33; (D) an intentional violation of criminal law; or (E) a breach of the director's duty of loyalty to the corporation or its shareholders.

Attached are any other provisions that are not inconsistent with law relating to organization, ownership, governance, business, or affairs of the corporation.

07 / 21 / 2015

Date (MM/DD/YYYY)



Signature as required by 10A-2-1.20

Dr. David A. Stull

Typed Name of Above Signature

Chiropractor

Typed Title/Capacity to Sign under 10A-2-1.20

John H. Merrill
Secretary of State

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P.O. Box 5616
Montgomery, AL 36103-5616

STATE OF ALABAMA

I, John H. Merrill, Secretary of State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

pursuant to the provisions of Title 10A, Chapter 1, Article 5, Code of Alabama 1975, and upon an examination of the entity records on file in this office, the following entity name is reserved as available:

Hometown Chiropractic, LLC

This name reservation is for the exclusive use of David Stull, 1516 Maddox Lane, Monroe, GA 30656 for a period of one year beginning July 21, 2015 and expiring July 21, 2016

In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the city of Montgomery, on this day.

July 21, 2015

Date

J. H. Merrill

John H. Merrill

Secretary of State



RES695959