

# State of New Hampshire

Filing fee: \$50.00  
Fee for Form SRA: \$50.00  
Total fees: \$100.00  
Use black print or type.

Form PLLC-1  
RSA 304-C:31  
& RSA 304-D

## CERTIFICATE OF FORMATION NEW HAMPSHIRE PROFESSIONAL LIMITED LIABILITY COMPANY

The undersigned, under the New Hampshire Limited Liability Company laws submits the following certificate of formation:

FIRST: The name of the professional limited liability company is AB Chiropractic, PLLC

SECOND: The nature of the professional services as defined in RSA 304-D, including necessary related services, for which the professional limited liability company is organized are: providing chiropractic services to the public

THIRD: The name of the professional limited liability company's registered agent is Agatha A. Barreca, DC

and the street address, town/city (including zip code and post office box, if any) of its registered office is (agent's business address) 6 Central Street Newport, NH 03773

FOURTH: The latest date on which the professional limited liability company is to dissolve is none

FIFTH: The management of the professional limited liability company is  vested in a manager or managers.

SIXTH: The sale or offer for sale of any ownership interests in this business will comply with the requirements of the New Hampshire Uniform Securities Act (RSA 421-B).

\*Signature: *Agatha A. Barreca*  
Print or type name: Agatha A. Barreca  
Title: Manager   
(Enter "manager" or "member")  
Date signed: 11-1-13

To receive your ANNUAL REPORT REMINDER NOTICE by email, please enter your email address here:  
abchiro2013@gmail.com

State of New Hampshire  
Form LLC 1 - Certificate of Formation 2 Page(s)



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a member.  
Some public records and will be available for

Corporation Division, Department of State, 107  
5 Capitol Street, 3<sup>rd</sup> Floor, Concord, NH 03301.

**Form SRA – Addendum to Business Organization and Registration Forms  
Statement of Compliance with New Hampshire Securities Laws**

**Part I – Business Identification and Contact Information**

Business Name: AB Chiropractic, PLLC  
 Business Address (include city, state, zip): 6 Central Street Newport, NH 03773  
 Telephone Number: (603) 477-3978 E-mail: abchiro2013@gmail.com  
 Contact Person: Agatha A. Barreca, DC  
 Contact Person Address (if different): PO Box 404 Newport, NH 03773

**Part II – Check ONE of the following items in Part II.** If more than one item is checked, the form will be rejected. [PLEASE NOTE: Most small businesses registering in New Hampshire qualify for the exemption in Part II, Item 1 below. However, you must insure that your business meets all of the requirements spelled out in A), B), and C)]:

1.  Ownership interests in this business are exempt from the registration requirements of the state of New Hampshire because the business meets ALL of the following three requirements:
  - A) This business has **10 or fewer owners**; and
  - B) Advertising **relating to the sale of ownership interests** has not been circulated; and
  - C) Sales of ownership interests – if any – will be **completed within 60 days** of the formation of this business.
2.  This business will offer securities in New Hampshire under another exemption from registration or will notice file for federal covered securities. Enter the citation for the exemption or notice filing claimed - \_\_\_\_\_.
3.  This business has registered or will register its securities for sale in New Hampshire. Enter the date the registration statement was or will be filed with the Bureau of Securities Regulation - \_\_\_\_\_.
4.  This business was formed in a state other than New Hampshire and will not offer or sell securities in New Hampshire.

**Part III – Check ONE of the following items in Part III:**

1.  This business **is not being** formed in New Hampshire.
2.  This business **is** being formed in New Hampshire and the registration document states that any sale or offer for sale of ownership interests in the business will comply with the requirements of the New Hampshire Uniform Securities Act.

**Part IV – Certification of Accuracy**

(NOTE: The information in Part IV must be certified by: 1) all of the incorporators of a corporation to be formed; or 2) an executive officer of an existing corporation; or 3) all of the general partners or intended general partners of a limited partnership; or 4) one or more authorized members or managers of a limited liability company; or 5) one or more authorized partners of a registered limited liability partnership or foreign registered limited liability partnership.)

I (We) certify that the information provided in this form is true and complete. (Original signatures only)

Name (print):	<u>Agatha A. Barreca</u>	Signature:	
		Date signed:	<u>11-1-13</u>
Name (print):	_____	Signature:	_____
		Date signed:	_____
Name (print):	_____	Signature:	_____
		Date signed:	_____