

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

L09000063597
FILED 8:00 AM
July 01, 2009
Sec. Of State
clewis

Article I

The name of the Limited Liability Company is:
HUDSON PAIN RELIEF CENTER PLLC

Article II

The street address of the principal office of the Limited Liability Company is:
13313 US HIGHWAY 19 NORTH
HUDSON, FL. US 34667

The mailing address of the Limited Liability Company is:
13313 US HIGHWAY 19 NORTH
HUDSON, FL. US 34667

Article III

The purpose for which this Limited Liability Company is organized is:
LICENSED CHIROPRACTOR

Article IV

The name and Florida street address of the registered agent is:
MAHENDRA RESHAMWALA
3533 WARBLER DR.
NEW PORT RICHEY, FL. 34652

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: MAHENDRA RESHAMWALA

Article V

The name and address of managing members/managers are:

Title: MGR
WAYNE MANTEL
13313 US HIGHWAY 19 NORTH
HUDSON, FL. 34667 US

Title: MGR
MAYURKUMAR RESHAMWALA
13313 US HIGHWAY 19 NORTH
HUDSON, FL. 34667 US

Signature of member or an authorized representative of a member

Signature: WAYNE MANTEL

L09000063597
FILED 8:00 AM
July 01, 2009
Sec. Of State
clewis