

L000000005594

Registration Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

May 9, 2000

FILED
00 MAY 11 PM 11:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dear Sir:

Please find and accept the enclosed ARTICLES OF ORGANIZATION FOR FLORIDA
LIMITED LIABILITY COMPANY, along with a check for the amount of 125 dollars.

4mt
5/16


Jim Varga
909 Stone Creek Court
Longwood, FL 32779

200003248882--5
-05/11/00-01097-001
****125.00 ****125.00

407-894-1828- daytime phone

Thank you for your assistance in dealing with this matter.

Sincerely,


Jim Varga

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

PAIN AND PALLIATIVE CARE ASSOCIATION,
LLC

ARTICLE II - Address:

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

909 STONE CREEK COURT
LONGWOOD, FL 32779

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

JIM VARGA
Name
909 STONE CREEK COURT
Florida street address (P.O. Box **NOT** acceptable)
LONGWOOD, FL 32779
City, State, and Zip

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 as provided for in Chapter 608, F.S.


Registered Agent's Signature

Article IV - Management (Check box if applicable.)

☒ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

JIM VARGA
Typed or printed name of signee

FILING FEES:

- \$ 100.00 Filing Fee for Articles of Organization
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (OPTIONAL)
- \$ 5.00 Certificate of Status (OPTIONAL)

FILED
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CLERK OF CIRCUIT COURT
JANUARY, FLORIDA