L00000009964

August 11, 2000

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Fla 32314 900003355719--1 -08/14/00--01110--011 ****125.00 ****125.00

Re: New LLC Company

Gentlemen:

EFFECTIVE DATE Solision

Enclosed you will find the articles of Inc for Fla Medical Pain & Detox Center LLC and a check for \$125.00.

Please process as soon as possible and/or send some kind of verification.

The City will not let me process our Occupational License until I receive it.

Thank You so much for anything that you can do.

Jest Dubravetz 5779 Washington Street N-1 Hollywood, Fla 33023

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

F/A Medical Pain Relief & Detox Center "LLC"

ARTICLE II - Address:

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

5779 Washington Street Apt N-1 Hollywood, F/A 33023

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

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

Name

5779 WASH NGTON ST Apt N-1

Florida street address (P.O. Box NOT acceptable)

Holly wood FL 53023

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.

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.

Article V - Effective Date AUGUST 15,0000

egistered Agent's Signature

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

Signature of a member of 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.)

Serry Dubrave+z
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)