

L03000041216

WADE CLOUD

(Requestor's Name)

2624 GREEN CROSSING DR.

(Address)

(Address)

TALLAHASSEE, FL 32309

(City/State/Zip/Phone #)



PICK-UP



WAIT



MAIL

AMERICAN PAIN CARE CLINICS, LLC

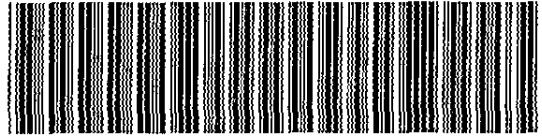
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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DEPT. OF REVENUE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

*By*

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TALLAHASSEE, FLORIDA

Please contact me  
When ready.

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03 OCT 27 PM 2:46  
TALLAHASSEE, FLORIDA

Wade Cloud 264-6261  
and I will pick-up.

**ARTICLES OF ORGANIZATION  
Of  
AMERICAN PAIN CARE CLINICS, LLC**

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**ARTICLE I - Name:**

The name of the Limited Liability Company shall be:

**AMERICAN PAIN CARE CLINICS, LLC**

**ARTICLE II - Address:**

The initial mailing address and the street address of the registered office of the Limited Liability Company shall be at the same location and that location shall be:

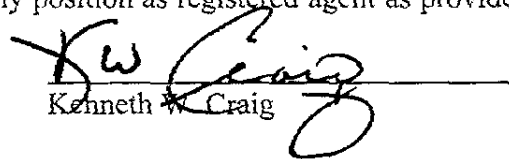
1418A 14<sup>th</sup> Street West  
Bradenton, Florida 34205

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

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

Kenneth W. Craig  
2520 Trailmate Drive  
Sarasota, Florida 34243

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, Florida Statutes.

  
Kenneth W. Craig

**ARTICLE IV - Management**

The Limited Liability Company is to be a member-managed limited liability company.

  
Kenneth Craig, Member