## 103000046336

(Requestor's Name)				
(Address)	300024712063			
(Address)				
(City/State/Zip/Phone #)				
(Business Entity Name)	11/18/0301087012 **			
(Document Number)				
Certified CopiesCertificates of Status				
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SECRETARY OF STATE DIVISION OF CORPORATIONS

\*\*125,00

ARTICLES OF ORG	IANIZATION FOR FLO	OKIDA LIMITE	D LIABILITY CO	MPANY		
ARTICLE 1— Name: The name of the Limited L	ishility Company is:					
Jim O'Rourke Pain						
ARTICLE 11 - Address: The mailing address and s 935 Altaloma Ave Orlando FL,	street address of the princ	cipal officer of t	he Limited Liability (	Company is:		
ARTICLE 111 - Registerer	d Agent, Registered Office	.& Registered	Agent's Signature			
The name and the Florida	street address of the reg	istered agent a	re:			
	Jim O'Rourke	•				
	Name					
	935 Altaloma	Ave				
tanner.	Florida street address(l	P.O.Box NOT a	icceptable)			
	Orlando	FL	32803			
_	City,Stat	e,and Zip				
Having been named as re company at the place desi to act in this capacity. I fur performance of my duties, provided for in Chapter 60	gnated in this certificate, ther agree to comply with and I am familiar with an 08 F.S.  Regist	I hereby accept the provisions	t the appointment a of all statues relation of gations of my pos	s registered agent a ng to the proper and	nd agre comple	e te
ARTICLE IV-Management (	Check box if applicable.)					
	Company is to be manag inager - managed compa		ager or more mana	gers		
· 	il article must be added if ar	Rourk		<del></del>		
	ection 608,408(3), Florida he penalties of perjury tha				03 NC	DISTAIG

Jim O'Rourke

Type or print name of signee

- Filing Fees
  \$ 100.00 for the Articles Of Organisation
  \$ 25.00 Designation of Registered Agent
  \$ 30.00 Certified Copy(optional)
  \$ 5.00 Certificate of Statues(optional)