Electronic Articles of Organization
For
Florida Limited Liability Company

L05000042519
FILED 8:00 AM
April 29, 2005
Sec. Of State
jbryan

Article I

The name of the Limited Liability Company is:

PREMIUM PAIN RELIEF LLC

Article II

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

13750 NW 18 CT
PEMBROKE PINES, FL. US 33028

The mailing address of the Limited Liability Company is:

13750 NW 18 CT
PEMBROKE PINES, FL. US 33028

Article III

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

ANY AND ALL LAWFUL BUSINESS.

Article IV

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

SHANNON S STCLAIR
13750 NW 18 CT
PEMBROKE PINES, FL. 33028

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: SHANNON STCLAIR

Article V

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The name and address of managing members/managers are:

Title: MGRM
JOHN B STCLAIR
13750 NW 18 CT
PEMBROKE PINES, FL. 33028 US

Signature of member or an authorized representative of a member

Signature: SHANNON STCLAIR