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CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 390536 4814233

AUTHORIZATION :

COST LIMIT : \$ 155.00

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05 MAY 24 AM 7:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ORDER DATE : May 24, 2005

ORDER TIME : 3:40 PM

ORDER NO. : 390536-005

CUSTOMER NO: 4814233

CUSTOMER: Ms. Donna Kendrick  
Morris Manning & Martin  
1600 Atlanta Financial Center  
3343 Peachtree St, Northeast  
Atlanta, GA 30326

DOMESTIC FILING

NAME: SOLLAGE PAIN SOLUTIONS OF  
FLORIDA, LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION  
CERTIFICATE OF LIMITED PARTNERSHIP  
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY  
PLAIN STAMPED COPY  
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kelly Courtney - EXT. 2916

EXAMINER'S INITIALS: \_\_\_\_\_

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05 MAY 24 AM 7:43  
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TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Sollage Pain Solutions of Florida, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

**Mailing Address:**

9405 County Road 13-North

St. Augustine, Florida 32092

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

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

Corporation Service Company

Name

1201 Hays Street

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

Tallahassee

FLORIDA 32301

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, Florida Statutes..*

Corporation Service Company

By: 

Registered Agent

**Brian Courtney**  
**Asst. V. Pres.**

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR

Sollage Pain Solutions, LLC

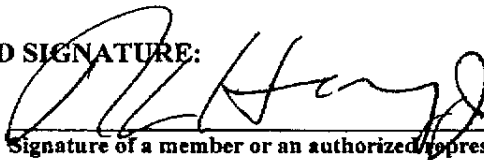
3320 Old Salem Road

Conyers, GA 30013

(Use attachment if necessary)

**NOTE: An additional article must be added if an effective date is requested.**

**REQUIRED SIGNATURE:**



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.)

By: Richard L. Haury, Jr., Esq.

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)