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Division of Corporations

From:

Account Name

: A 1 A CORPORATE SERVICES, INC.

Account Number : 120010000247 Phone

(800) 494-3124

Fax Number

(305)675-2811

## FLORIDA/FOREIGN LIMITED LIABILITY CO.

## Pain Management Solutions, LLC

Certificate of Status	0
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## ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

In compliance with Chapter 608,F.S.

ARTICLE I: NAME

The name of the Limited Liability Company is: PAIN MANAGEMENT SOLUTIONS, LLC

ARTICLE II: Address

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

6751 GALL BLVD

ZEPHYRHILLS, FL 33542

ARTICLE III: REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT SIGNATURE

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

MOHAMMAD ABDO ELDEEB

347 AUDUBON OAKS DRIVE

LAKELAND FLORIDA 338091

Having been named as registered agent 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.

MOHAMMAD ABDO ELDEEB / Registered Agent's Signature

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PAIN MANAGEMENT SOLUTIONS, LLC

ARTICLE IV: MANAGEMENT

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

ARTICLE V: MEMBERS (optional)

Managing Member:

MOHAMMAD A ELDEEB 347 AUDUBON OAKS DRIVE LAKELAND FLORIDA 33809

Managing Member:

ELIZABETH SILVEIRA 6938 FRASCATI LOOP

**WESLEY CHAPEL FLORIDA 33544** 

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.)

MOHAMMAD A ELDEEB

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