

**Electronic Articles of Organization  
For  
Florida Limited Liability Company**

L08000079702  
FILED 8:00 AM  
August 20, 2008  
Sec. Of State  
jbryan

**Article I**

The name of the Limited Liability Company is:

INFUSION PAIN RELIEF LLC

**Article II**

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

7481 WEST OAKLAND PARK BLVD  
SUITE 308  
LAUDERHILL, FL. 33319

The mailing address of the Limited Liability Company is:

7481 WEST OAKLAND PARK BLVD  
SUITE 308  
LAUDERHILL, FL. 33319

**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:

BARRY SCHEINER  
7481 WEST OAKLAND PARK BLVD  
SUITE 308  
LAUDERHILL, FL. 33319

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: BARRY SCHEINER

## **Article V**

The name and address of managing members/managers are:

Title: VP  
WILLIAM GLASS  
7481 WEST OAKLAND PARK BLVD  
LAUDERHILL, FL. 33319

Title: PRES  
BARRY SCHEINER  
7481 WEST OAKLAND PARK BLVD  
LAUDERHILL, FL. 33319

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## **Article VI**

The effective date for this Limited Liability Company shall be:

08/20/2008

Signature of member or an authorized representative of a member

Signature: BARRY SCHEINER