Electronic Articles of Organization
For
Florida Limited Liability Company

L09000117573
FILED 8:00 AM
December 10, 2009
Sec. Of State
jbryan

Article I

The name of the Limited Liability Company is:

PROFESSIONAL GUARANTEE FOR PAIN, LLC

Article II

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

10330 N DALE MABRY HWY
201
TAMPA, FL. 33618

The mailing address of the Limited Liability Company is:

10330 N DALE MABRY HWY
201
TAMPA, FL. 33618

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:

MADELINES HERNANDEZ
4404 W MINEHAHA ST
TAMPA, FL. 33614

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: MADELINES HERNANDEZ

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Article V

The name and address of managing members/managers are:

Title: MGRM
BROCK C MATHIESON
10330 N DALE MABRY HWY SUIT 201
TAMPA, FL. 33618

Title: MGR
MADELINES HERNANDEZ
4404 W MINEHAHA ST
TAMPA, FL. 33614

Article VI

The effective date for this Limited Liability Company shall be:

12/10/2009

Signature of member or an authorized representative of a member

Signature: MADELINES HERNANDEZ