

L10VVVVU26210

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

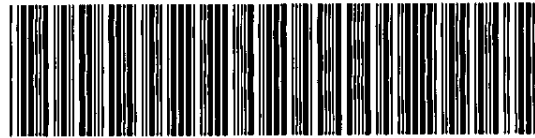
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B. KOHR

MAR - 9 2010

EXAMINER

CORPDIRECT AGENTS, INC. (formerly CCRS)  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301  
222-1173

FILING COVER SHEET  
ACCT. #FCA-14

CONTACT: KATIE WONSCH  
DATE: 03/09/2010  
REF. #: 001714.121156  
CORP. NAME: ATLANTIC PAIN & REHAB, LLC

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- |  |   |   |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION   | <input type="checkbox"/> ARTICLES OF AMENDMENT  | <input type="checkbox"/> ARTICLES OF DISSOLUTION      |
| <input type="checkbox"/> ANNUAL REPORT               | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME              |
| <input type="checkbox"/> FOREIGN QUALIFICATION       | <input type="checkbox"/> LIMITED PARTNERSHIP    | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT               | <input type="checkbox"/> MERGER                 | <input type="checkbox"/> WITHDRAWAL                   |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION |   |   |
| <input type="checkbox"/> OTHER:                      |   |   |

STATE FEES PREPAID WITH CHECK# 534040 FOR \$ 155.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

\_\_\_\_\_ COST LIMIT: \$ \_\_\_\_\_

PLEASE RETURN:

- |  |   |   |
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| <input checked="" type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS     |   |   |

Examiner's Initials

ARTICLES OF ORGANIZATION  
OF  
ATLANTIC PAIN & REHAB, LLC

The undersigned does hereby subscribe to, acknowledge and file the following Articles of Organization for the purpose of creating a limited liability company under the laws of the State of Florida.

ARTICLE I

The name of this limited liability company (the "Company") shall be: **ATLANTIC PAIN & REHAB, LLC.**

ARTICLE II

The mailing address and street address of the principal office of the Company shall be 1925 E. Atlantic Boulevard, Pompano Beach, Florida 33060, with the privilege of having its offices and branch offices at other places within or without the State of Florida.

ARTICLE III

The initial registered office of the Company is 1925 E. Atlantic Boulevard, Pompano Beach, Florida 33060. The initial registered agent at that address is Steven Silverstein.

ARTICLE IV

The Company will be a manager-managed limited liability company. The names and addresses of the two Managers of the Company are as follows:

Steven Silverstein  
1925 E. Atlantic Boulevard  
Pompano Beach, Florida 33060

Cliff Shapiro  
1925 E. Atlantic Boulevard  
Pompano Beach, Florida 33060

Except as otherwise provided in the Company's Operating Agreement or by law, either Manager may act by himself alone without the other Manager's joinder with respect to any and all actions on behalf of the Company.

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization this 8 day of March, 2010.

  
\_\_\_\_\_  
CLIFF SHAPIRO, Authorized Representative

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ACCEPTANCE OF APPOINTMENT  
OF  
REGISTERED AGENT

Having been named as registered agent and to accept service of process for ATLANTIC PAIN & REHAB, LLC, a Florida limited liability company, at the place designated in the foregoing Articles of Organization, 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.

Date: March 8, 2010

  
STEVEN SILVERSTEIN