

L10000110370

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

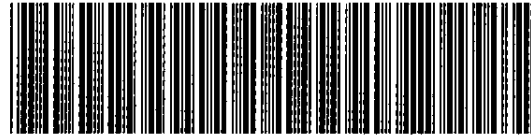
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10 OCT 21 AM 11:27
TALLAHASSEE, FLORIDA

J. BRYAN

OCT 22 2010

EXAMINER

10-46784
305
2589



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
10 OCT 18 AM 10:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

October 6, 2010

GEORGE PETRYK
8801 COLLEGE PKWY SUITE 2
FT MYERS, FL 33919

SUBJECT: AMERICAN PAIN ASSOCIATES, LLC
Ref. Number: W10000046788

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for AMERICAN PAIN ASSOCIATES, LLC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

You must list the corporation's principal street address and/or a mailing address in the document. A post office box is not acceptable for the principal address.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6929.

Justin M Shivers
Regulatory Specialist II
New Filing Section

Letter Number: 810A00023659

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: American Pain Associates L.L.C.
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

George Petryk

Name of Person

American Pain Associates L.L.C.

Firm/Company

8801 College Parkway, Suite 2

Address

Fort Myers, FL 33919

City/State and Zip Code

docnerves@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

George Petryk

Name of Person

at (239) 210 3807

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

ALREADY PAID

\$70 -

check 2980

Mailing Address

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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OCT 21 AM 11:27
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

American Pain Associates L.L.C.

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

8801 College Parkway

Suite 2

Fort Myers, FL 33919

Mailing Address:

8801 College Parkway

Suite 2

Fort Myers, FL 33919

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

George Petryk

Name

8801 College Parkway, Suite 2

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

Fort Myers

FL 33919

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, F.S..



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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10 OCT 21 AM 11:28
TALLAHASSEE, FLORIDA
SECOND JUDICIAL CIRCUIT

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:

MGRM

George Petryk

8801 College Parkway, Suite 2

Fort Myers, FL 33919

MGRM

James Padula

8801 College Parkway Suite 2

Fort Myers, FL 33919

MGRM

Al Jerome

8801 College Parkway, Suite 2

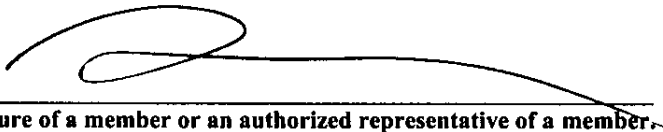
Fort Myers, FL 33919

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

George Petryk

Typed or printed name of signee

Filing Fees:

**\$125.00 Filing Fee for Articles of Organization and Designation
of Registered Agent**

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA