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B. BOSTICK

JUL - 2 2013

(850) 245-6051.

-		COVE	RLETTER		
TO:	Registration S Division of Co				
CUDI	•	ntervention Specialists	, PA		
SUBJI	ECT:	Name of Limit	ed Liability Company		
The en	closed Articles o	of Organization and fee(s) are	submitted for filing.		
Please	return all corresp	ondence concerning this matt	er to the following:		
	DARYOUS	H SABET-PAYMAN			
	<u> </u>		Name of Person		
			Firm/Company		
	8606 BAY S	HORE CV			
			Address	2013 SEC	
ORLANDO, FL 32836					
	PAYMANME	Cit O@GMAIL.COM	ty/State and Zip Code		
		E-mail address: (to be used	for future annual report notification)	150 E	
For fu	rther information	concerning this matter, please	e call:	IZ: 27 IZ: 27 LORIO.	
DAR	YOUSH SAE	BET PAYMAN	407 4218150	*46	
	Name	of Person	at () Area Code & Daytime Tele	phone Number	
Enclo	sed is a check f	or the following amount:			
<b>3</b> \$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)	
		Mailing Address Registration Section	Street/Courier Address Registration Section		

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

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

# - ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A	R	П	CI	Æ	I	_	N	am	e:
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The name of the Limited Liability Company is:

## SPINE INTERVENTION SPECIALISTS LLC

(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:	Mailing Address:
7512 DR PHILLIPS BLVD	7512 DR PHILLIPS BLVD
SUITE 50-132	SUITE 50-132
ORLANDO, FL, 32819	ORLANDO, FL 32819

# 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:	IA S	20	
DARYOUSH SABET-PAYMAN	ECRE.	<u>.</u>	parting 1-7
Name	H.	<u></u>	Principal Princi
8606 BAY SHORE CV	LARY OF		; [ ]
Florida street address (P.O. Box NOT acceptable)		PM	
ORLANDO, FL 32836		2:2	**************************************
City, State, and Zip	·····	1	

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)

# 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 MGRM DARYOUSH SABET-PAYMAN 8606 BAY SHORE CV OHLANDO, FL 32836 CUse attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: (Use attachment is issted, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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 \$.817.155, F.S.)

Typed or printed name of signee

Filing Fees:

**REQUIRED SIGNATURE:**