

L14000145408

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

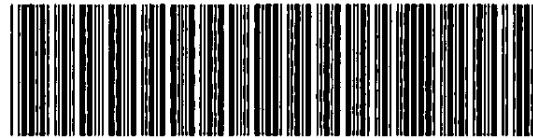
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100262641261

08/01/14--01013--005 \*\*125.00

EFFECTIVE DATE 7/29/14

FILED

14 AUG - 1 PM 1:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

EPH  
9/17/14  
~~L14000047456~~

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Pain Management Holdings, LLC**  
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:

A. Bradley Mares  
Name of Person

Horizon CPA Services  
Firm/Company

9745 Randall Dr., Suite 140  
Address

Indianapolis, IN 46280  
City/State and Zip Code

bmares@horizoncpa.biz  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

A. Bradley Mares at ( 317 ) 644-1468  
Name of Person 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)

**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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 4, 2014

A. BRADLEY MARES  
9745 RANDALL DR., SUITE 140  
INDIANAPOLIS, IN 46280

SUBJECT: PAIN MANAGEMENT HOLDINGS, LLC  
Ref. Number: W14000047456

We have received your document for PAIN MANAGEMENT HOLDINGS, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return 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) 245-6051.

Elliott R McCaskill  
Registration Specialist II

Letter Number: 714A00016606

FILED  
14 AUG - 1 PM 1:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

EFFECTIVE DATE 7/29/14

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Pain Management Holdings, 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:**

Attn: Nikhil Patel  
501 Knights Run Ave. Apt. 2319  
Tampa, FL 33602-5948

**Mailing Address:**

Attn: Nikhil Patel  
501 Knights Run Ave. Apt. 2319  
Tampa, FL 33602-5948

**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.)

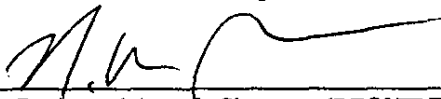
The name and the Florida street address of the registered agent are:

Nikhil Patel  
Name

501 Knights Run Ave. Apt. 2319  
Florida street address (P.O. Box NOT acceptable)

Tampa FL 33602-5948  
City 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 605, F.S.*

 7/29/14  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED  
14 AUG - 1 PM 1:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE IV.**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

AMBR

Nikhil Patel

501 Knight Run Ave., Apt. 2319

Tampa, FL 33602-5948

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 7/29/2017 (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.)

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**



**Signature of a member or an authorized representative of a member.**

(In accordance with section 605.0203 (1) (b), 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.)

Nikhil Patel

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)

FILED  
14 AUG - 1 PM 1:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA