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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR 16 2015

T. HAMPTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BRAIN Stimulation and Therapeutics PLLC
Name of PROFESSIONAL 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:

Louise Jeroslow
Name of Person

LAW OFFICES OF LOUISE T. JEROSLOW
Firm/Company

6075 Sunset Dr. #201
Address

South Miami, FL 33143
City/State and Zip Code

JEROSLOW @ BELL SOUTH.NET
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Louise Jeroslow at (305) 740-7431
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

**ARTICLES OF ORGANIZATION
FOR
BRAIN STIMULATION AND THERAPEUTICS, PLLC**

The undersigned organizer hereby forms this professional limited liability company under the laws of the State of Florida:

ARTICLE I - NAME

The name of the professional limited liability company is: BRAIN STIMULATION AND THERAPEUTICS, PLLC.

ARTICLE II - ADDRESS

The street address of the principle office of the professional limited liability company is:

Richard Douyon, MD
18503 Pines Boulevard, Suite 214
Pembroke Pines, FL 33029

The mailing address of the principle office of the professional limited liability company is:

Richard Douyon, MD
18503 Pines Boulevard, Suite 214
Pembroke Pines, FL 33029

ARTICLE III - PURPOSE

The purpose for which this professional limited liability company is organized:

**THIS PROFESSIONAL LIMITED LIABILITY COMPANY IS ORGANIZED
AND OPERATED SOLELY FOR THE PURPOSE OF PROVIDING MEDICAL
SERVICES BY PHYSICIANS LICENSED UNDER CHAPTER 458 FLORIDA
STATUTES.**

ARTICLE IV- REGISTERED AGENT

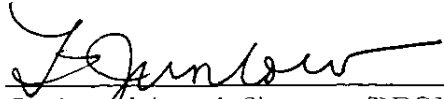
The name and Florida street address of the registered agent is:

Louise Jeroslow, Esq.
6075 Sunset Drive, Suite 201
South Miami, FL 33143

Having been named as registered agent and to accept service of process for the above state professional 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

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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 in Chapter 605, F.S.


Registered Agent's Signature (REQUIRED)

ARTICLE V- MEMBERS

The name and address of the managing members are:

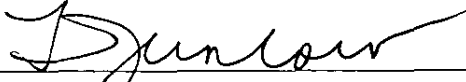
Title: MANAGING MEMBER
Richard Douyon, MD
18503 Pines Boulevard, Suite 214
Pembroke Pines, FL 33029

Title: MANAGING MEMBER
Patrick Pinchinat, M.D.
18503 Pines Boulevard, Suite 215
Pembroke Pines, FL 33029

ARTICLE VI - EFFECTIVE DATE

The effective date of shall be the date of the filing of these Articles of Organization.

REQUIRED SIGNATURE:


Signature of member of 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 to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.)

Louise Teroslow, ESQ.
Typed or printed name of signee

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