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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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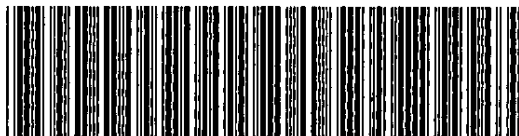
(Business Entity Name)

(Document Number)

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# Florida Interventional Pain Management, L.L.C.

Dr. Saulis Banionis

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Attached are articles of organization and a check for \$130.00. Please feel free to contact me with any questions at 561-537-4817.

Best regards,



Lisa Banionis  
Business Director  
561-537-4817

Address:  
1447 Medical Park Blvd. Suite 209  
Wellington, Florida 33414

email: fl.pmg@hotmail.com

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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Palm Beach Anti - Aging and Regenerative  
Name of Limited Liability Company  
Medicine, LLC

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

Please return all correspondence concerning this matter to the following:

Saulis M. Banionis  
Name of Person

\_\_\_\_\_  
Firm/Company

1447 Medical Park Blvd. Suite 209  
Address

Wellington, FL 33414  
City/State and Zip Code

FL-PM6@hotmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lisa Banionis at ( 561 ) 537-4817  
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 Address**

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

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Palm Beach Anti-Aging and Regenerative Medicine, 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:

1447 Medical Park Blvd  
Suite 209  
Wellington FL 33414

→ Same

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:

Saulis M. Banionis  
Name

1447 Medical Park Blvd. Suite 209  
Florida street address (P.O. Box **NOT** acceptable)  
Wellington FL 33414  
City State 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.

SMB  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

\_\_\_\_ AMBR

\_\_\_\_ AMBR

**Name and Address:**

Saulis M. Banionis  
1447 Medical Park Blvd Suite 209  
Wellington FL 33414

Lisa Banionis  
1447 Medical Park Blvd Suite 209  
Wellington FL 33414

(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.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

**REQUIRED SIGNATURE:**

Lisa Banionis / SMRB

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.)

Lisa Banionis / Saulis M. Banionis

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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