

**Electronic Articles of Organization
For
Florida Limited Liability Company**

L16000037793
FILED 8:00 AM
February 23, 2016
Sec. Of State
ccave

Article I

The name of the Limited Liability Company is:

CENTER FOR ADDICTION AND PAIN MANAGEMENT LLC

Article II

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

1931 NW 150 AVE
104
PEMBROKE PINES, FL. UN 33028

The mailing address of the Limited Liability Company is:

1931 NW 150 AVE
104
PEMBROKE PINES, FL. UN 33028

Article III

Other provisions, if any:

ANY AND ALL LEGAL BUSINESS

Article IV

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

OBED N SAINT-LOUIS MD
1931 NW 150 AVE
104
PEMBROKE PINES, FL. 33028

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.

Registered Agent Signature: OBED SAINT LOUIS MD

Article V

The name and address of person(s) authorized to manage LLC:

Title: AMBR
OBED N SAINT-LOUIS
1931 NW 150 AVE. # 104
PEMBROKE PINES, FL. 33028 US

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Article VI

The effective date for this Limited Liability Company shall be:

04/01/2016

Signature of member or an authorized representative

Electronic Signature: OBED SAINT-LOUIS MD

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.