Electronic Articles of Organization For Florida Limited Liability Company

L16000169261 FILED 8:00 AM September 12, 2016 Sec. Of State kpcardwell

Article I

The name of the Limited Liability Company is: FLORIDA PAIN SPECIALISTS PLLC

Article II

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

393 CLEARWATER DRIVE PONTE VEDRA BEACH, FL. 32082

The mailing address of the Limited Liability Company is:

310 7TH STREET ATLANTIC BEACH, FL. 32233

Article III

Other provisions, if any:

THE PURPOSE OF THIS ENTITY IS TO PROVIDE EFFECTIVE SOLUTIONS TO TREAT PATIENTS EXPERIENCING PAIN.

Article IV

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

TRAVIS VON TOBEL 310 7TH STREET ATLANTIC BEACH, FL. 32233

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: TRAVIS VON TOBEL

Article V

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

Title: AMBR TRAVIS VON TOBEL 310 7TH STREET ATLANTIC BEACH, FL. 32233

Title: AMBR
TIMOTHY D SHARPE
130 INDIAN COVE LANE
PONTE VEDRA BEACH, FL. 32082

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Signature of member or an authorized representative

Electronic Signature: TRAVIS VON TOBEL

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.