

UK6000046594

Florida Department of State  
Division of Corporations  
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To:  
Division of Corporations  
Fax Number : (850)617-6381

From:  
Account Name : HUBCO  
Account Number : 104662003400  
Phone : (516)935-3940  
Fax Number : (800)293-4075

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: charlesm@cpamassie.com

**FLORIDA LIMITED LIABILITY CO.**  
**HSJ Pulse Therapy, LLC**

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$130.00

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I – Name

The name of the Limited Liability Company is: HSI Pulse Therapy, LLC

### ARTICLE II – Address

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

14270 Royal Harbour Court  
Fort Myers, FL 33908

### ARTICLE III –

Registered Agent, Registered Office & Registered Agents Signature

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

Douglas Gribin

Name

14270 Royal Harbour Court

(P.O. Box or Mail Drop Box NOT acceptable)

Fort Myers, FL 33908

(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.*

  
\_\_\_\_\_  
Registered Agent's Signature

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ARTICLE IV -

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

Title:

Name and Address:

"AMBR" = Authorized Member

"MGR" = Manager

"MGMR" = Managing Member

MGMR

Douglas Gribin  
14270 Royal Harbour Court  
Fort Myers, FL 33908

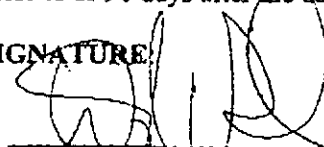
AMBR

Barbara Gribin  
14270 Royal Harbour Court  
Fort Myers, FL 33908

ARTICLE V -

Effective date, if other than the date of filing: \_\_\_\_\_  
(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.)

REQUIRED SIGNATURE:

  
\_\_\_\_\_  
*Signature of a member or 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.)

Douglas Gribin

Typed or printed name of signee

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