

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

**L18000243954  
FILED 8:00 AM  
October 17, 2018  
Sec. Of State  
nculligan**

**Article I**

The name of the Limited Liability Company is:  
POWELL'S PAIN CLINIC OF ORLANDO LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:  
6150 METROWEST BLVD  
SUITE 306  
ORLANDO, FL. 32835

The mailing address of the Limited Liability Company is:  
8292 VIA VITTORIA WAY  
ORLANDO, FL. 32819

**Article III**

The name and Florida street address of the registered agent is:  
BRIAN POWELL  
8292 VIA VITTOIRA WAY  
ORLANDO, FL. 32819

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: BRIAN POWELL

## **Article IV**

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

Title: MGR  
BRIAN POWELL  
8292 VIA VITTORIA WAY  
ORLANDO, FL. 32819

**L18000243954**  
**FILED 8:00 AM**  
**October 17, 2018**  
**Sec. Of State**  
nculligan

Signature of member or an authorized representative

Electronic Signature: BRIAN POWELL

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.