



Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((F19000313113 3))



H190003131133ABCW

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : JOHNSON, POPE, BOKOR, RUPPEL & BURNS, LLP.
Account Number : 076668002140
Phone : (727) 461-1818
Fax Number : (727) 441-8617

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

Email Address: almad@jpfirm.com

FLORIDA LIMITED LIABILITY CO.
SARASOTA INTERVENTIONAL PAIN PARTNERS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

OCT 22 PM 3:38

Electronic Filing Menu

Corporate Filing Menu

Help

J DENNIS
OCT 23 2019

((H190003131133))

19 OCT 22 PM 3:43

**ARTICLES OF ORGANIZATION
OF
SARASOTA INTERVENTIONAL PAIN PARTNERS, LLC**

The undersigned authorized representative hereby executes these Articles of Organization ("Articles") for the purpose of forming a limited liability company in accordance with the laws of the State of Florida.

**ARTICLE I.
NAME**

The name of the Limited Liability Company shall be SARASOTA INTERVENTIONAL PAIN PARTNERS, LLC.

**ARTICLE II.
DURATION; EFFECTIVE DATE**

This Limited Liability Company shall exist perpetually, effective as of the date of filing.

**ARTICLE III.
ADDRESS; PRINCIPAL OFFICE**

The mailing address of the Limited Liability Company and the street address of the principal office of the Limited Liability Company is 333 S. Tamiami Trail, Suite 169/171, Venice, Florida 34285.

**ARTICLE IV.
INITIAL REGISTERED OFFICE AND REGISTERED AGENT**

The address of the initial registered office of the Limited Liability Company is 333 3rd Avenue North, Suite 200, St. Petersburg, Florida 33701, and the name of the registered agent is Chestnut Business Services, LLC.

**ARTICLE V.
PURPOSE**

This Limited Liability Company may engage in any activity or business permitted under the laws of the United States of America and of this State.

**ARTICLE VI.
MANAGEMENT**

This Limited Liability Company shall be a manager-managed limited liability company. The authority, and limitations on such authority, of the managers shall be specified in the operating agreement of the Company. The initial manager of the Company, and the address of

6742190/3

((H190003131133))

((H19000313113,3)))

19 OCT 22 PM 3:48

said manager, shall be Lindsey Job, M.D., 333 S. Tamiami Trail, Suite 169/171, Venice, Florida 34285.

The undersigned, being the Authorized Representative, hereby certifies that the foregoing constitutes the Articles of Organization of SARASOTA INTERVENTIONAL PAIN PARTNERS, LLC.

Executed by the undersigned on October 22 2019.

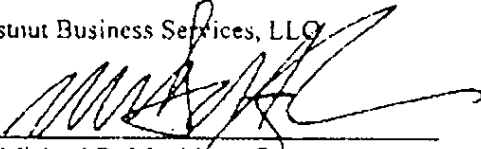


Lindsey Job, M.D.

ACCEPTANCE OF APPOINTMENT OF REGISTERED AGENT
ACKNOWLEDGMENT OF REGISTERED AGENT

Pursuant to Section 605.0113, Florida Statutes, I agree to act in the capacity of Registered Agent for SARASOTA INTERVENTIONAL PAIN PARTNERS, LLC and will comply with the provisions of all statutes relative to the proper and complete performance of my duties. I am familiar with and accept the obligations of Section 605.0113.

DATED this 22 day of October, 2019.

Chestnut Business Services, LLC
By: 

Michael D. Magidson, Esq.

((H19000313113 3)))