

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

**L20000072979
FILED 8:00 AM
February 13, 2020
Sec. Of State**

Article I

The name of the Limited Liability Company is:
ULTIMATE PAIN CARE & WELLNESS PLLC

Article II

The street address of the principal office of the Limited Liability Company is:
1446 NW BOCA RATON BLVD.
103
BOCA RATON, FL. 33432

The mailing address of the Limited Liability Company is:
1446 NW BOCA RATON BLVD.
103
BOCA RATON, FL. 33432

Article III

Other provisions, if any:
CHIROPRACTIC PHYSICIAN OFFICE PROFESSIONAL LIMITED
LIABILITY COMPANY

Article IV

The name and Florida street address of the registered agent is:
JAMES VIRGILIO
1446 NW BOCA RATON BLVD.
103
BOCA RATON, FL. 33432

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: JAMES VIRGILIO

Article V

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

Title: MGR
JAMES VIRGILIO
1446 NW BOCA RATON BLVD.
BOCA RATON, FL. 33432

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Signature of member or an authorized representative

Electronic Signature: JAMES VIRGILIO

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.

L2000072979

JAMES VIRGILIO
1446 NW BOCA RATON BLVD. SUITE 103
BOCA RATON, FL 33432

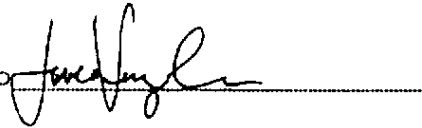
Division of Corporations- Florida Department of State
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

To Whom it may concern:

Re: Document # P20000012365

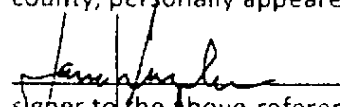
Please accept this notarized affidavit as proof that the Corporate Entity: **Ultimate Pain Care & Wellness Inc.** was dissolved AND I HAVE NO INTENTION OF REVOKING THE DISSOLUTION, THEREFORE AS OF THIS DATE, I RELEASE THE NAME FOR USE TO ANOTHER ENTITY.

Thank you, James Virgilio



State of New Jersey County of UNION

On 2/20, 2020 before me,  Notary Public in and for said county, personally appeared

, (signer who has satisfactorily identified himself as the signer to the above-referenced document.

_____(Affix Notary Stamp Here)Notary Public SignatureMy

Commission Expires:

WILLIAM ANGELO
NOTARY PUBLIC
STATE OF NEW JERSEY
ID # 2452740

MY COMMISSION EXPIRES JUNE 2, 2020