Electronic Articles of Organization
For
Florida Limited Liability Company

L20000224576
FILED 8:00 AM
July 28, 2020
Sec. Of State
agent05

Article I

The name of the Limited Liability Company is:

TOTAL PAIN AND SPINE CARE OF FLORIDA LLC

Article II

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

2310 NORTH BLVD WEST
DAVENPORT, FL. US 33837

The mailing address of the Limited Liability Company is:

3818 WEST VASCONIA STREET
TAMPA, FL. US 33629

Article III

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

NEAL SHAH
3818 WEST VASCONIA STREET
TAMPA, FL. 33629

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: NEAL SHAH

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Article IV

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

Title: CPA
GERALD MASISAK
4300 BROOKPARK ROAD
CLEVELAND, OH. 44134 US

Article V

The effective date for this Limited Liability Company shall be:

07/27/2020

Signature of member or an authorized representative

Electronic Signature: GERALD MASISAK

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.