

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

L20000277763  
FILED 8:00 AM  
September 08, 2020  
Sec. Of State  
oisimmons

**Article I**

The name of the Limited Liability Company is:  
TRIFECTA PAIN SOLUTIONS, PLLC

**Article II**

The street address of the principal office of the Limited Liability Company is:  
3801 SW 117 AVE #1400  
MIAMI, FL. 33265

The mailing address of the Limited Liability Company is:  
3801 SW 117 AVE #1400  
MIAMI, FL. US 33265

**Article III**

Other provisions, if any:  
TO PROVIDE PAIN MEDICINE SERVICES TO PATIENTS.

**Article IV**

The name and Florida street address of the registered agent is:  
TULE CABRERA ESQ.  
4512 SW 129 AVE  
MIAMI, FL. 33175

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: TULE CABRERA

## Article V

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

Title: MGR  
DAVID M JOYCE DO  
3801 SW 117 AVE #1400  
MIAMI, FL. 33265 US

Title: MGR  
TULE CABRERA ESQ  
3801 SW 117 AVE #1400  
MIAMI, FL. 33265 US

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Signature of member or an authorized representative

Electronic Signature: TULE CABRERA

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.