# Electronic Articles of Organization For Florida Limited Liability Company

L22000237979 FILED 8:00 AM May 23, 2022 Sec. Of State jafason

### **Article I**

The name of the Limited Liability Company is:

DYNASTY PAIN MANAGEMENT CENTERS LLC

#### **Article II**

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

603 NW 183RD TER PEMBROKE PINES, FL. US 33029

The mailing address of the Limited Liability Company is:

603 NW 183RD TER PEMBROKE PINES, FL. US 33029

## **Article III**

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

RONNIE L WELCH SR 15800 PINES BLVD STE 3122 PEMBROKE PINES, FL. 33027

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: RONNIE L WELCH

## **Article IV**

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

Title: AMBR

JABBAR T WELCH SR 603 NW 183RD TER

PEMBROKE PINES, FL. 33029 US

Title: CFO

RONNIE L WELCH SR 603 NW 183RD TER

PEMBROKE PINES, FL. 33029 US

### Article V

The effective date for this Limited Liability Company shall be:

05/20/2022

Signature of member or an authorized representative

Electronic Signature: JABBAR WELCH

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.

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