

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

L22000302697  
FILED 8:00 AM  
July 06, 2022  
Sec. Of State  
hleblanc

**Article I**

The name of the Limited Liability Company is:

COMPREHENSIVE ARTHRITIS, SPINE AND PAIN CENTER, LLC

**Article II**

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

74 SPRING TIDE WAY  
PONTE VEDRA, FL. US 32081

The mailing address of the Limited Liability Company is:

74 SPRING TIDE WAY  
PONTE VEDRA, FL. US 32081

**Article III**

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

CLUKEY AND TEBALT, LLC  
201 OWENS AVENUE  
UNIT A  
SAINT AUGUSTINE, FL. 32080

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: MICAH CLUKEY

### **Article IV**

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

Title: MGR  
RAMSHA KUDIA  
74 SPRING TIDE WAY  
PONTE VEDRA, FL. 32081 US

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### **Article V**

The effective date for this Limited Liability Company shall be:

07/01/2022

Signature of member or an authorized representative

Electronic Signature: RAMSHA KUDIA

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.