### Florida Department of State Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H15000272838 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this
page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : BARNETT, BOLT, KIRKWOOD, LONG & KOCHE;

Account Number : 072731001155 Phone : (813) 253-2020

Fax Number

: (813)251-6711

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

P49	Address:			
	AUGIUSS.			

## Foreign Limited Liability Company Texas Pain Relief Group, PLLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

Electronic Filing Menu

Corporate Filing Menu

Help



November 17, 2015

FLORIDA DEPARTMENT OF STATE
Division of Corporations

BARNETT, BOLT

SUBJECT: TEXAS PAIN RELIEF GROUP, PLLC

REF: W15000075145

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Florida law does not provide for the recognition of a foreign professional limited liability company. An accepatable limited liability company suffix will need to be added to your entity name for this Department to accept and file your document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document pie call (850) 245-6051.

Neysa Culligan Regulatory Specialist II FAX Aud. #: H15000272838 Letter Number: 515A00024187

PLEASE USE NOV. 16,2015 +STATE FILING DATE.

Tx!

P.O BOX 6327 - Tallahassee, Florida 32314

HECE IVED

H15000272838

# APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGI FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:  1. Texas Pain Relief Group, PLLC	IN CA A	
(Name of Foreign Limited Liability Company; aust include "Limited Liability Company," "L.L.C.," or "LLC.")	_	
Texas Pain Relief Group, PLLC, LLC		
(If name unavailable, enter afternate name adopted for the purpose of transacting business in Florida. The atternate name must include "Liubility Company," "L.L.C." or "LLC.")	miled -	
<sub>2.</sub> Texas <sub>3.</sub> 46-3888502		
(Jurisdiction under the law of which foreign limited liability (IVB) number, if applicable) company is organized)	-	
4N/A		•
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty (lability)	_	
5. 4730 N. Habana Avenue, Suite 204	_~	
Tampa, FL 33614		
(Sireet Address of Principal Office)	2 2	7
6. 4730 N. Habana Avenue, Suite 204	- 资色 5	Ţ
Tampa, FL 33614	mg z	1
(Mailing Address)		
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:		-
Rodolfo Gari, Jr., Manager	in a	0
4730 N. Habana Avenue, Suite 204		
Tampa, FL 33614	_	
8. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the of having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the transmust be submitted)  Signiture of an authorized person  (In accordance with section 605 0203, F.S., the execution of this document constitutes an afformation under the penalties of perjury that the facts stated have aware that any false information submitted in a document to the Department of State constitutes a third degree fellows as provided for in \$117.155, F.S.	rein are true (	
Rodolfo Gari, Jr., Manager		
Typed or printed name of signœ		

άò

H15000272838

#### CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

	ain Relief Group, PLLC, LLC		
2. The name and the Florida street address; of the registered agent and office are:			
· ,	David L. Koche		
	(Name)		
	601 Bayshore Blvd., Suite 700		
	Florida Street Address (P.O. Box NOT ACCUPTABLE)		
	Tampa 33606		
	Clty/Stare/Zip		
liability.com registered c statutes rela	n named as registered agent and to accept service of process for the above stated limited appropriate designated in this certificate. Thereby accept the appointment as agent and agree to act in this capacity. I further agree to comply with the provisions of all atting to the proper and complete performance of my duties, and I am familiar with and abligations of my position as registered agent as provided for in Chapter 605. Florida		

\$ 100.00 Filing Fee for Application.

\$, 25.00 Designation of Registered Agent, \$ 30.00 Certified Copy (optional)

\$ . 5.00 Certificate of Status (optional)

H15000272838

Nov. 17. 2015 2:08PM

No. 0054 P. 6

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



Carlos H. Cascos Secretary of State

H15000272838

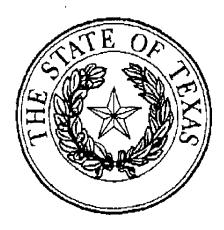
# Office of the Secretary of State

#### Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Texas Pain Relief Group, PLLC (file number 801867242), a Domestic Limited Liability Company (LLC), was filed in this office on October 16, 2013.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on November 13, 2015.



Carlos H. Cascos Secretary of State

H15000272838

Phone: (512) 463-5555

Prepared by: SOS-WEB

Come visit us on the internet at http://www.sos.state.tx.us/ Fax: (512) 463-5709

: (512) 463-5709 Dial: 7-1-1 for Relay Services TID: 10264 Document: 640648090004