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Florida Department of State  
Division of Corporations  
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Foreign Limited Liability Company  
Texas Pain Relief Group, PLLC

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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 refile 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 acceptable 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, please call (850) 245-6051.

Neysa Culligan  
Regulatory Specialist II

FAX Aud. #: H15000272838  
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Tx!

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**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO  
TRANSACTION BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A  
FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTIONS BUSINESS IN THE STATE OF FLORIDA:*

1. Texas Pain Relief Group, PLLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")  
Texas Pain Relief Group, PLLC, LLC  
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")
2. Texas 3. 46-3888502  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)
4. N/A  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. 4730 N. Habana Avenue, Suite 204  
Tampa, FL 33614  
(Street Address of Principal Office)
6. 4730 N. Habana Avenue, Suite 204  
Tampa, FL 33614  
(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  
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 official 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 translator must be submitted)

(In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 17.155, F.S.)

Rodolfo Gari, Jr., Manager

Typed or printed name of signer

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TALLAHASSEE, FLORIDA

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**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.

1. The name of the Limited Liability Company is:

Texas Pain Relief Group, PLLC

If unavailable, the alternate to be used in the state of Florida is:

Texas Pain 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 ACCEPTABLE)

Tampa

FL

33606

City/State/Zip

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 as provided for in Chapter 605, Florida Statutes.

David L. Koche

(Signature)

\$ 100.00 Filing Fee for Application.  
\$ 25.00 Designation of Registered Agent.  
\$ 30.00 Certified Copy (optional).  
\$ 5.00 Certificate of Status (optional).

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TALLAHASSEE, FLORIDA

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No. 0054 P. 6

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



Carlos H. Cascos  
Secretary of State

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## 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.



A handwritten signature in black ink, appearing to read "Cascos", followed by a horizontal line.

Carlos H. Cascos  
Secretary of State

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