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To:

Division of Corporations
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FLORIDA PROFIT/NON PROFIT CORPORATION
ORLANDO PAIN MANAGEMENT CENTER INC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

2018SEP-5 PM 4:59

2018SEP-5 AM 9:45
SECRETARY OF STATE
TALLAHASSEE, FL

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:Orlando Pain Management Center Inc**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

915 Lucerne Terrace
Orlando FL 32806**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**Jay C. Franklin (P)

_____**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

The name and Florida street address (PO Box not acceptable) of the registered agent is:

Jay C. Franklin
915 Lucerne Terrace
Orlando FL 32806**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:Jay C. Franklin
915 Lucerne Terrace
Orlando FL 32806

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Required Signatures:

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Registered Agent

09-05-18

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the 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.



Incorporator

09-05-18

Date

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