

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

**L25000067358
FILED 8:00 AM
February 07, 2025
Sec. Of State
jgharris**

Article I

The name of the Limited Liability Company is:
GOOD PAIN THERAPY & WELLNESS, LLC

Article II

The street address of the principal office of the Limited Liability Company is:
12799 ENCLAVE DR
ORLANDO, FL. US 32837

The mailing address of the Limited Liability Company is:
12799 ENCLAVE DR
ORLANDO, FL. US 32837

Article III

Other provisions, if any:
PROVIDING RELIEF FOR MUSCULOSKELETAL PAIN AND
DYSFUNCTION.

Article IV

The name and Florida street address of the registered agent is:
ELIZABETH GARCIA
12799 ENCLAVE DR
ORLANDO, FL. 32837

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: ELIZABETH GARCIA

Article V

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

Title: AMBR
LUIS GARCIA
12799 ENCLAVE DR
ORLANDO, FL. 32837 US

Title: AMBR
ELIZABETH GARCIA
12799 ENCLAVE DR
ORLANDO, FL. 32837 US

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Signature of member or an authorized representative

Electronic Signature: LUIS GARCIA

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.