Filing Fee: \$150.00 ID Number: ____



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State Corporations Division 148 W. River Street Providence, Rhode Island 02904-2615

LIMITED LIABILITY COMPANY

APPLICATION FOR REGISTRATION

or	rsuant to the provisions of Section 7-16-49 of the Genera eign limited liability company hereby applies for a Certifica and, and for that purpose submits the following statement:	ate of Registration to transa			
1.	The name of the limited liability company is:				
	Citizen Med, LLC				
2.	The name, if different, under which it proposes to register and transact business in Rhode Island is:				
3.	The limited liability company is organized under the laws of the State of New Hampshire				
4.	The date of its organization is August 31, 2010				
5.	The period of duration of the limited liability company is (if perpetual, so state) perpetual				
6.	The address of the limited liability company's resident agent in Rhode Island is:				
	222 Jefferson Boulevard, Suite 200	Warwick	, RI 02888		
	(Street Address, <u>not</u> P.O. Box)	(City/Town)	(Zip Code)		
	and the name of the resident agent at such address isNational Registered Agents, Inc.				
	_	(Name o	f Agent)		
7.	The secretary of state is appointed the agent of the foreign limited liability company for service of process if at any time there is no resident agent or if the resident agent cannot be found or served following the exercise of reasonable diligence.				
3.	The address of any office required to be maintained in the state or other jurisdiction under the laws of which the limited liability company is organized is:				
=	12 Miller Avenue, Kindge, NH 03461				
9. - -	The mailing address for the limited liability company is:				
	12 Miller Avenue, Kindge, NH 03461		FILED"		
			APR 20 2011		
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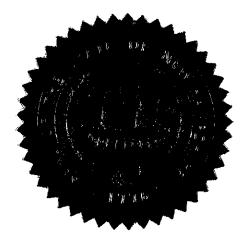
Form No. 450 Revised: 12/05

10.	Management of the Limited Liability C	company:		
A.	The limited liability company is to be managed by its members. (If you have checked this box, go to item no. 11.)			
	<u>or</u>			
В.	B. The limited liability company is to be managed very by one (1) or more managers. (If the limited liability company has managers at the time of the filing of these Articles of Organization, state the name an address of each manager.)			
	<u>Manager</u>	<u>Address</u>		
Ja	mes Hradecky	12 Miller Avenue, Rindge, NH 03461		
_				
				
		ificate of good standing duly authenticated by the secretary of state or other which the foreign limited liability company was organized.		
		Under penalty of perjury, I declare and affirm that I have examined this Application for Registration, including any accompanying attachments and that all statements contained herein are true and correct.		
Date:	4.8.11	Citizen Med, LLC		
•		Print Exact Name of Limited Liability Company Making Application		
		Signature of authorized person		

State of New Hampshire Department of State

CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that Citizen Med, LLC is a New Hampshire limited liability company formed on August 31, 2010. I further certify that it is in good standing as far as this office is concerned, having filed the annual report(s) and paid the fees required by law; and that a certificate of cancellation has not been filed.



In TESTIMONY WHEREOF, I hereto set my hand and cause to be affixed the Seal of the State of New Hampshire, this 12th day of April, A.D. 2011

William M. Gardner Secretary of State



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

I, A. RALPH MOLLIS, Secretary of State of the State of Rhode Island and Providence Plantations, hereby certify that this document, duly executed in accordance with the provisions of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this office on this day:

A. RALPH MOLLIS

A. Japa 1. eeio

Secretary of State

