

# State of Rhode Island and Providence Plantations Office of the Secretary of State

Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040

Limited	Liability	Company
Articles	of Organ	nization

(Chapter 7-16-6 of the General Laws of Rhode Island, 1956, as amended)

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The name of the limited liability company is: American Center for Bioregulatory Medicine and Dentistry, LLC

## **ARTICLE II**

The street address (post office boxes are not acceptable) of the limited liability company's registered agent in Rhode Island is:

No. and Street: ONE CEDAR STREET

**SUITE 300** 

City or Town: <u>PROVIDENCE</u> State: RI

The name of the resident agent at such address is: <u>JEFFREY CHASE-LUBITZ, ESQ., DONOGHUE BARRETT & SINGAL</u>

## ARTICLE III

Under the terms of these Articles of Organization and any written operating agreement made or intended to be made, the lim	ited liabi
is intended to be treated for purposes of federal income taxation as:	
Check one box only	

Check one box only				
X a partnership a corporation disregarded as an entity separate from its member				
ARTICLE IV				
The address of its principal office of the limited liability company if it is determined at the time of organization:				
No. and Street:				

## ARTICLE V

Zip:

Country:

The limited liability company has the purpose of engaging in any lawful business, unless a more limited purpose is set forth in Article \Articles of Organization.

State:

The period of its duration is: X Perpetual

#### **ARTICLE VI**

Additional provisions, if any, not inconsistent with law, which members elect to have set forth in these Articles of Organization, includir limited to, any limitation of the purposes or any other provision which may be included in an operating agreement:

## **NONE**

City or Town:

## ARTICLE VII

The limited liability company is to be managed by its \_\_\_ Members or \_\_\_ X Managers (check one)

## (If managed by Members, go to ARTICLE VIII)

The name and address of each manager (If LLC is managed by Members, DO NOT complete this section):

Title	Individual Name	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Countr
MANAGER	MICHAEL BALDWIN	204 SPRING STREET MARION, MA 02738 US
MANAGER	GERALD P CURATOLA DDS	521 PARK AVENUE NEW YORK, NY 10065 US
MANAGER	JEOFFREY DROBOT NMD	10572 E. MEADOWHILL DRIVE SCOTTSDALE, AZ 85255 US

#### **ARTICLE VIII**

The date these Articles of Organization are to become effective, not prior to, nor more than 30 days after the filing of these Articles of Organization are to become effective, not prior to, nor more than 30 days after the filing of these Articles of Organization are to become effective, not prior to, nor more than 30 days after the filing of these Articles of Organization are to become effective, not prior to, nor more than 30 days after the filing of these Articles of Organization are to become effective, not prior to, nor more than 30 days after the filing of these Articles of Organization are to become effective, not prior to, nor more than 30 days after the filing of these Articles of Organization are to become effective, not prior to, nor more than 30 days after the filing of these Articles of Organization are to become effective, not prior to, nor more than 30 days after the filing of these Articles of Organization are to become effective, not prior to, nor more than 30 days after the filing of these Articles of Organization are to be organized to the organized the organ

Later Effective Date: 10/11/2017

This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowled the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.

Signed this 11 Day of October, 2017 at 11:45:34 AM by the Authorized Person.

## **ADELITA OREFICE**

Address of Authorized Signer:

DONOGHUE BARRETT & SINGAL

ONE CEDAR STREET

SUITE 300

PROVIDENCE, RI 02903

Form No. 400 Revised 09/07

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