State of Rhode Island Fee: \$150 Office of the Secretary of State Office of the Secretary of State	0.00		
Division Of Business Services			
148 W. River Street			
Providence RI 02904-2615			
1636 (401) 222-3040			
Limited Liability Company			
Articles of Organization			
(Chapter 7-16-6 of the General Laws of Rhode Island, 1956, as amended)			
ARTICLE I			
The name of the limited liability company is: Advanced Integrative Medicine, 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: <u>320 PHILLIPS ST</u>			
City or Town:NORTH KINGSTOWNState: RIZip: 02852			
The name of the resident agent at such address is: <u>DERRYL NOWAK</u>			
ARTICLE III			
Under the terms of these Articles of Organization and any written operating agreement made or intended to be made, the limited liability company is intended to be treated for purposes of federal income taxation as: <i>Check one box only</i>			
X disregarded as an entity separate from its member a partnership a corporation			
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: 8204 LISA LN			
City or Town: \underline{SMYRNA} State: \underline{TN} Zip: $\underline{37167}$ Country: \underline{USA}			
ARTICLE V			
The limited liability company has the purpose of engaging in any lawful business, unless a more limited purpose is set forth in Article VI of these Articles of Organization.			
The period of its duration is: <u>X</u> Perpetual			
ARTICLE VI			
Additional provisions, if any, not inconsistent with law, which members elect to have set forth in these Articles of Organization, including, but not limited to, any limitation of the purposes or any other			

provision which may be included in an operating agreement:			
ARTICLE VII			
The limited liability company is to be managed by its <u>Members</u> * or <u>X</u> Managers (check one)			
* If you checked to be managed by your MEMBERS (<i>the owners</i>) DO NOT complete the following section. <u>Only</u> complete the following section if you checked to be managed by MANAGERS.			
The name and address of each manager:			
Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country	
MANAGER	DERRYL NOWAK	8204 LISA LN SMYRNA, TN 37167 US	
The date these Articles of Organization are to become effective, not prior to, nor more than 90 days after the filing of these Articles of Organization. Later Effective Date: This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, 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 27 Day of November, 2023 at 3:49:56 PM by the Authorized Person.			
<u>DERRYL NOWAK</u>			
Address of Authorized Signer: 8204 LISA LN SMYRNA TN 37167			
Form No. 400 Revised 09/07			
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State of Rhode Island Department of State | Office of the Secretary of State Gregg M. Amore, Secretary of State

I, GREGG M. AMORE, Secretary of State of the State of Rhode Island,

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:

November 27, 2023 03:49 PM

Treng M. Course

Gregg M. Amore Secretary of State

