		State of Rhode of the Secret		Fee: \$150.00		
		vision Of Busines	•			
		148 W. River S				
	Pı	rovidence RI 029				
1630	(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:	320 PHILLIPS S	т				
City or Town:	NORTH KINGS		State: RI	Zip: <u>02852</u>		
The name of the resid	ent agent at such a	ddress is:	DERRYL NO	<u>WAK</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>						
<u>X</u> disregarded as an	entity separate fro	m 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:	<u>8204 LISA LN</u>					
City or Town:	<u>SMYRNA</u>	State: <u>TN</u>	Zip: <u>37167</u>	Country: <u>USA</u>		
		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.					
DERRYL NOWAK					
Address of Authorized Signer: 8204 LISA LN SMYRNA TN 37167					
Form No. 400 Revised 09/07					
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