State of Rhode Island Fee: \$150 Image: State of the Secretary of State Office of the Secretary of State		
Division Of Business Services		
148 W. River Street		
Providence R	I 02904-2615	
(401) 2	22-3040	
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: <u>Regine Integrative Health LLC</u>		
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>47 WOOD AVE</u> SUITE 2		
City or Town: <u>BARRINGTON</u>	State: RI Zip: <u>02806</u>	
The name of the resident agent at such address is: <u>REGISTERED AGENTS INC</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: <u>47 WOOD AVE</u> <u>SUITE 2</u>		
	e: <u>RI</u> Zip: <u>02806</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: X 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:		
INTEGRATIVE HEALTH		
ARTICLE VII		
The limited liability company is to be managed by its <u>X</u> Members* or <u>Managers</u> (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
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 22 Day of July, 2024 at 11:13:32 AM by the Authorized Person.		
<u>ROBIN JONES</u>		
Address of Authorized Signer: 47 WOOD AVE SUITE 2, BARRINGTON, RI 02806		
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:

July 22, 2024 11:12 AM

Treng M. Course

Gregg M. Amore Secretary of State

