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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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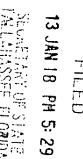
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K.SALY EXAMINER JAN 2 2 2013

COVER LETTER

	of Corporations
SUBJECT:	Genetic Personalized Medicine LLC
•	Name of Limited Liability Company
The enclosed Arti	cles of Organization and fee(s) are submitted for filing.
Please return all c	orrespondence concerning this matter to the following:
	Michael Bryan Winkers Name of Person
	Name of Person
	Genetic Personalized Medicine LLC
-	Firm/Company
	129 Carlyle Circle
	Address
	Palm Harkor FL 34683
	Palm Harkov FL 34683 City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
	E-mail address: (to be used for future annual report notification)
For further inform	nation concerning this matter, please call:
Michael	Bran Winters at (352) 215-1110
	Name of Person at (352) 215-1110 Area Code & Daytime Telephone Number
Enclosed is a ch	neck for the following amount:
□\$ 125.00 Filing	Fee U\$130.00 Filing Fee & U\$155.00 Filing Fee & \$160.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy
	(additional copy is enclosed)
	Mailing Address Bogistestion Section Bogistestion Section
	Registration Section Registration Section Division of Corporations Division of Corporations
	P.O. Box 6327 Clifton Building
	Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	FFECTIVE DATE
(Must end with the words "Limited Liability	onalized Medicine LLC y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the print	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
129 Carlyle Circle Palm Harbor FL 34663	129 Carlyle Circle Palm Harbor FC 34683
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	
The name and the Florida street address of the re	gistered agent are:
Michael Br Name	gn Winters 3
129 Carlyle Florida street addr	ess (P.O. Box NOT acceptable)
Palm Havlar City, State	
liability company at the place designated in the registered agent and agree to act in this capacit	ccept service of process for the above stated limited is certificate, I hereby accept the appointment as y. I further agree to comply with the provisions of performance of my duties, and I am familiar with

Registered Agent's Signature (REQUIRED)

and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

(CONTINUED)

Page 1 of 2

. ... ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	lisa G. M
MGRM	Lisa G. M
	129 Carlyle Circle
	Palm Harbor FC 3468
MERM	Michael Bryon Winters
	Palm Harder FL 34083
Use attachment if necessary)	TAN 16 2013
•	JAN 16, 2013
Use attachment if necessary) LE V: Effective date, if other than the fective date is listed, the date must	date of filing: (OPTION
LE V: Effective date, if other than the fective date is listed, the date must	
LE V: Effective date, if other than the fective date is listed, the date must	date of filing: (OPTION
EV: Effective date, if other than the fective date is listed, the date must or 90 days after the date of filing.)	date of filing: (OPTION
LE V: Effective date, if other than the	date of filing: (OPTION
LE V: Effective date, if other than the fective date is listed, the date must or 90 days after the date of filing.) REQUIRED SIGNATURE:	date of filing: (OPTION be specific and cannot be more than five busing
LE V: Effective date, if other than the fective date is listed, the date must or 90 days after the date of filing.) REQUIRED SIGNATURE:	date of filing: (OPTION be specific and cannot be more than five busing or an authorized representative of a member.
E V: Effective date, if other than the fective date is listed, the date must or 90 days after the date of filing.) REQUIRED SIGNATURE: Signature of a member (In accordance with section 608, constitutes an affirmation under	date of filing: (OPTION be specific and cannot be more than five busing
LE V: Effective date, if other than the fective date is listed, the date must or 90 days after the date of filing.) REQUIRED SIGNATURE: Signature of a member of a maximum and a maxim	date of filing: be specific and cannot be more than five busing or an authorized representative of a member. 408(3), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true.

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)