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COVER LETTER

TO;	Registration Section Division of Corporations		
SUBJE	CCT: Einstein Medical Research LLC Name of Lir	nited Liability Company	
The end	closed Articles of Organization and fee(s) a	re submitted for filing.	
Please 1	return all correspondence concerning this m	natter to the following:	
	George Einstein PhD, ScD, Profes	sor	
		Name of Person	ZON MAY
	Einstein Medical Research		
	512 N. PALMWAY	Firm/Company	Section 18
	312 IV. PALIVIVAT	Address	
	LAKE WORTH, FL 33460		
	C	City/State and Zip Code	
ge	orge.einstein@gmail.com E-mail address: (to be use	d for future annual report notifica	ation)
For furt	her information concerning this matter, plea	ase call:	
George	e Einstein at (!	561) 762 1131.	
	Name of Person		Iephone Number
Enclose	ed is a check for the following amount:		
] \$ 125.00	O Filing Fee	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Adda Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3230	tions ter Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:			
Einstein Medical Research LLC.			
	Liability Company, "L.L.C.," or "LLC."	")	
APTICLEMAN			
ARTICLE II - Address:	files of the Limited Liebility Company i	G.	
The mailing address and street address of the principal of	frice of the Limited Liability Company is	S:	
Principal Office Address:	Mailing Address:		
372 SW 107 AVE	512 N. Palmway	<u> </u>	
Suite Two	LAKE WORTH	_ 🔀 🙎	
Miami, FL 33165	FL 33460	<u> </u>	,
ARTICLE III - Registered Agent, Registered Office, of (The Limited Liability Company cannot serve as its own another business entity with an active Florida registration)	Registered Agent. You must designate a	1.47	name and a second secon
The name and the Florida street address of the registered	agent are:	A12 07	2.4
George Einstein PhD、ScD、F Name			
512 N. PALMWAY			
Florida street address (P.O. Box	x <u>NOT</u> acceptable)		
LAKE WORTH	FL 33460		
City	Zip		
Having have usuad as varietaned apart and to secure as	ming of any comp for the above stated limit	ad liability assuran	v at

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
AMBR	George Einstein
	3720 SW 107 AVE #2
	Miami, FL 33165
MGR	
	3720 SW 107 AVE #2
	Miami, FL 33165
NOD	ा । स्रोत्य
MGR	3720 SW 107 AVE #2
	Miami, FL 33165
(Use attachment if necessary) EV: Effective date, if other than the date tive date is listed, the date must be a filling.)	te of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 9
EV: Effective date, if other than the dative date is listed, the date must be a filling.) EVI: Other provisions, if any, ge Einstein PhD ScD, Vice Presidences Vega MD, President - own 25%	te of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 9 sent of R&D - own 51% of Einstein Medical Research LLC sof Einstein Medical Research LLC Operations - own 24% of Einstein Medical Research LLC
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