

**L17000130476**

Florida Department of State  
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**FLORIDA LIMITED LIABILITY CO.  
PERSONALIZED MEDICINE CONSULTANTS LLC**

Certificate of Status	1
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Page Count	03
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*Handwritten signature and date 06/16/17*

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**ARTICLES OF ORGANIZATION  
FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE 1 - Name:**

The name of the Limited Liability Company is:

**Personalized Medicine Consultants, LLC**

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

**ARTICLE II - Address:**

The mailing and street address of the principal office of the Limited Liability Company is:

**13500 Sutton Park Dr. S Suite 202  
Jacksonville, FL 32224**

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

**(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)**

The name and the Florida street address of the registered agent are:

**Fiaz Jaleel MD**  
**13500 Sutton Park Dr. S Suite 202**  
**Jacksonville, FL 32224**

*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..*

Riaz Jaleel

**FIJAZ JALEEL MD / Registered Agent's Signature**

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

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

"MGR" = Manager

"MGRM" = Managing Member

**FLAZ JALEEL MD - AMBR/MGR**  
**3587 Highland Glen Way W**  
**Jacksonville FL 32224**

**ARTICLE V: Effective date, if other than the date of filing: 6/15/2017**

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**

*Diaz Telen*

**Signature of a member or an authorized representative of a member.**

(In accordance with section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. )

**FIAZ JALEEL MD**

Typed or printed name of signee

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FBI WASH DC  
FBI MIAMI

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