

L2000207783

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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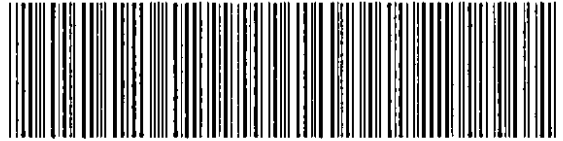
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**CORPORATE
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- ☐ **CERTIFIED COPY** _____
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1. **REBALANCE MEDICINE, LLC**
(CORPORATE NAME AND DOCUMENT #)
2. _____
(CORPORATE NAME AND DOCUMENT #)
3. _____
(CORPORATE NAME AND DOCUMENT #)
4. _____
(CORPORATE NAME AND DOCUMENT #)
5. _____
(CORPORATE NAME AND DOCUMENT #)
6. _____
(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:

**ARTICLES OF ORGANIZATION
OF
REBALANCE MEDICINE, LLC**

The undersigned, being the Members and Organizers of the Limited Liability Company hereby being formed under the Florida Statutes Annotated Sections 605.0201, do hereby adopt the following Articles of Organization for the Limited Liability Company:

FIRST: The name of the Limited Liability Company is REBALANCE MEDICINE, LLC

SECOND: The Limited Liability is organized to engage in any lawful act concerning any lawful business, other than banking and insurance, for which a limited liability company may be organized in accordance with the Florida Statutes Annotated Sections 605.0201, including all powers and purposes now and hereafter permitted by law to a limited liability company.

THIRD: The mailing address and street address of the principal office of the Limited Liability Company is 4300 W Lake Mary Blvd Suite 1010-369, Lake Mary, FL 32746.

FOURTH: The street address of the initial registered office of the Limited Liability Company in Florida is 4300 W Lake Mary Blvd Suite 1010-369, Lake Mary, FL 32746 and the name of the Initial registered agent of the Limited Liability Company in Florida at that address is Saima Qureshi.

FIFTH: The members of the Limited Liability Company shall consist of not less than one Member. The name and address of the initial Members are:

Saima Qureshi (AMBR)
3130 Yattika Pl
Longwood, FL 32779

SIXTH: The Limited Liability Company is to be managed by the Members.

IN WITNESS WHEREOF, the Members have executed and acknowledged these Articles of Organization on July 23, 2020.

X 
Saima Qureshi


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**CONSENT TO APPOINTMENT
BY REGISTERED AGENT**

I, having been named as Registered Agent for REBALANCE MEDICINE, LLC
hereby voluntarily consent to serve as Registered Agent for REBALANCE MEDICINE,
LLC

I know and understand the duties and responsibilities of a Registered Agent as set forth in
the Florida Statutes Annotated Sections 605.0201, and I hereby accept those duties and
responsibilities.

Dated: July 23, 2020

X 
Saima Qureshi