

E4-08

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
CORPORATIONS, SECURITIES & COMMERCIAL LICENSING BUREAU**

Date Received  
**NOV 26 2019**

(FOR BUREAU USE ONLY)

AC1

*Art. III - Ryan*  
**ADJUSTED PURSUANT TO  
EFFECTIVE DATE AUTHORIZATION**

This document is effective on the date stated above. If the date is blank, the subsequent effective date within 90 days after received date is stated in the document.

TranInfo:1 23909338-1 11/21/19  
Chk#: 2005 Amt: \$50.00  
ID: WERNETTE HEILMAN PLLC

TranInfo:47 23909338-2 11/21/19  
Chk#: 2005 Amt: \$50.00  
ID: WERNETTE HEILMAN PLLC

Name		
Harry Cendrowski		
Address		
4111 Andover		
City	State	ZIP Code
Bloomfield Hills	MI	48302

EFFECTIVE DATE: **FILED**

Document will be returned to the name and address you enter above. If left blank, document will be returned to the registered office.

**NOV 26 2019**

**ADMINISTRATOR  
CORPORATIONS DIVISION**

**ARTICLES OF ORGANIZATION  
For use by Domestic Limited Liability Companies  
(Please read information and instructions on reverse side)**

Pursuant to the provisions of Act 23, Public Acts of 1993, the undersigned executes the following Articles:

**ARTICLE I**

The name of the limited liability company is: MILLENNIAL FERTILITY CO. LLC

**ARTICLE II**

The purpose or purposes for which the limited liability company is formed is to engage in any activity within the purposes for which a limited liability company may be formed under the Limited Liability Company Act of Michigan.  
To engage in any activity within the purposes for which corporations may be formed under the Limited Liability Company Act of Michigan, as may be amended from time to time.

**ARTICLE III**

The duration of the limited liability company if other than perpetual is: \_\_\_\_\_

**ARTICLE IV**

1. The name of the resident agent at the registered office is: Harry Cendrowski

2. The street address of the location of the registered office is:  
4111 Andover Bloomfield Hills Michigan 48302  
(Street Address) (City) (Zip Code)

3. The mailing address of the registered office if different than above:  
N/A \_\_\_\_\_, Michigan \_\_\_\_\_  
(P.O. Box or Street Address) (City) (Zip Code)

**ARTICLE V (Insert any desired additional provision authorized by the Act; attach additional pages if needed.)**

\_\_\_\_\_

Signed this 19th day of November, 2019

By *[Signature]*  
(Signature(s) of Organizer(s))

Harry Cendrowski  
(Type or Print Name(s) of Organizer(s))

NC