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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 : (305)552-5973 Phone : (305)675-5944 Fax Number

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FLORIDA LIMITED LIABILITY CO. GENOMICS MEDICAL RESEARCH LLC

Certificate of Status	1
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Help

ARTICLES OF ORGANIZATION FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: (Must and with the words "Limited Liability Company.

GENOMICS MEDICAL RESEARCH LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability

19001 SW 106TH AVENUE UNIT# C-109, MIAMI, FL 33157

ARTICLE III - Registered Agent, Registered Office:

The name and the Florida street address of the registered agent are: (The Limited Liability Company connot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.).

EDUARDO JOSE BARREIRO RODRIGUEZ

5100 SW 90TH AVENUE APT# 207, COOPER CITY, FL 33328

ARTICLE IV-

The name and title of each person authorized to manage and control the Limited Liability Company:

EDUARDO JOSE BARREIRO RODRIGUEZ

MANAGER:

JORGE HERNANDEZ

MANAGER

Page 1 of 2

Required Signatures:

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.

JORGE HERNANDEZ

Typed or printed name of signee

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)

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