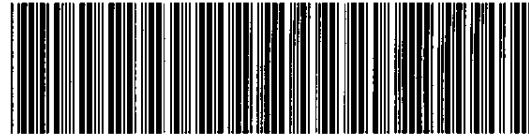


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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only

G. MCLEOD

NOV - 3 2010

EXAMINER

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10 NOV - 2 PM 4:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Immune Architecture, LLC**  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

William W. Hearon

Name of Person

Immune Architecture, LLC

Firm/Company

931 Village Blvd, Bldg 905, Suite 159

Address

West Palm Beach, FL 33409

City/State and Zip Code

bhearon@immunearchitecture.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

William W. Hearon

Name of Person

at ( 561 ) 640-0322

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &  
Certificate of Status

☐ \$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 Address**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

# Effective Payment Management

Friday, October 29, 2010

Florida Department of State  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

To whom it may concern:

Enclosed are the following for forming a Florida Limited Liability Company pursuant to Chapter 608,  
Florida Statutes:

- 1) The completed required document
- 2) Check # 1092 in the amount of \$160.00 for:
  - a) \$125.00 for filing fee
  - b) \$30.00 for Certified Copy
  - c) \$5.00 for Certificate of Status

Sincerely yours,



William Hearon

931 Village Blvd, Suite 905-159  
West Palm Beach, FL 33409  
Ph: (561) 640-0322  
Fx: (561) 584-6550  
bhearon@epmnetwork.com

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

Immune Architecture, LLC

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

## ARTICLE II - Address:

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

### Principal Office Address:

931 Village Blvd  
Bldg 905, Suite 159  
West Palm Beach, FL 33409

### Mailing Address:

931 Village Blvd  
Bldg 905, Suite 159  
West Palm Beach, FL 33409

## 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:

William W. Hearon

Name

931 Village Blvd, Bldg 905, Suite 159

Florida street address (P.O. Box NOT acceptable)

West Palm Beach FL 33409

City, State, and Zip

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*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 608, F.S..*



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

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

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

William W. Hearon

931 Village Blvd, Bldg 905, Suite 159

West Palm Beach, FL 33409

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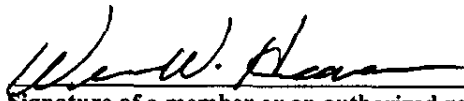
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(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_. (OPTIONAL)

(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:**



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

(In accordance with section 608.408(3), 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.)

William W. Hearon

Typed or printed name of signee

**Filing Fees:**

**\$125.00 Filing Fee for Articles of Organization and Designation  
of Registered Agent**

**\$ 30.00 Certified Copy (Optional)**

**\$ 5.00 Certificate of Status (Optional)**