

Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850) 205-0383

From:

Account Name : PATRICIA GESSEL, P.A.

Account Number : I20010000242 - Phone : [305]453-5277

Fax Number : (305) 453-4985

LIMITED LIABILITY COMPANY

Fishman Pharmaceutical, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

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https://ccfss1.dos.state.fl.us/scripts/efilcovr.exe

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Fishman Pharmaceutical, LLC

ARTICLE II - Address:

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

120 Porto Salvo Drive Islamorada, FL 33036

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are:

David Fishman 120 Porto Salvo Drive Islamorada, FL 33036

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 108, F.S.

Registered Agent's Signature

ARTICLE IV - Management

☐ The Limited Liability Company is to be managed by one manager or more managers and is therefore, a manager-managed company.

David Fishman

(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.)

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