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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 : A 1 A CORPORATE SERVICES, INC.

Account Number : I20010000247 Phone : (305)673-0347 ... Fax Number : (305)532-0738

LIMITED LIABILITY COMPANY

NNOXE PHARMACEUTICALS LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

In compliance with Chapter 608,F.S.	···	
ARTICLE I NAME	, _	. 3
The name of the Limited Liability Company is:	••	
NNOXE PHARMACEUTICALS LLC		 ·
ARTICLE II ADDRESS	د المنطق المن	••
The mailing address and street address of the prince	cipal office of the Limited Liabili	ty Company is:
25 SE 2ND AVE. #1036	-	re F
MIAMI, FL 33131		S 63
ARTICLE III. REGISTERED AGENT, REGISTE	RED	
OFFICE & REIGSTERED AGENT SIGNATURE	. =	看看工
The name and the Florida street address of the regi	istered agent are:	سب راز مرخ
A1A REGISTERED AGENT INC.		THE OF IT
25 SE 2ND AVE. SUITE 1036		平足
MIAMI, FL 33131		SH W
Having been named as registered agent to accept s limited liability company at the place designated in to appointment as registered agent and agree to act in with the provisions of all statutes relating to the prop- duties, and I am familiar with and accept the obligation as provided for in Chapter 608, F.S	his certificate, I hereby accept in this capacity, I further agree to be and complete performance.	the of my
Paul Smith Paul Snish Vice Poo	arident.	-
Registered Agent's Signature		·
*******************	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	[.] .

Signature of a member or an authorized representative of a (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

JEFF ST. LAURENT
Typed or printed name of signee