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To: Division of Corporations  
Fax Number : (850) 205-0383

From: Account Name : FAS-T CORP. AGENTS, INC.  
Account Number : 071001002335  
Phone : (305) 599-0839  
Fax Number : (305) 716-0346

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**LIMITED LIABILITY COMPANY**  
**CONQUEST LABS, LLC.**

Certificate of Status	0
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**ARTICLES OF ORGANIZATION FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - NAME**

The name of the Limited Liability Company is

**CONQUEST LABS, LLC.**

**ARTICLE II - ADDRESS**

The mailing address of the principal office of the Limited Liability Company is 9020 S.W.  
83 Street, Miami, Florida 33173.

**ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE**

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The Registered Agent shall be Daniel M. Keil, P.A., located at 3165 West 4 Avenue,  
Hialeah, Florida 33012.

Having being 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.

  
DANIEL M. KEIL, P.A.  
Registered Agent

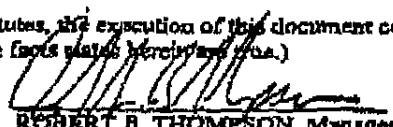
**ARTICLE IV - MANAGEMENT (Check box if applicable)**

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

(An additional article must be added if an effective date is requested)

  
ROBERT B. THOMPSON, Manager

(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.)

  
ROBERT B. THOMPSON, Manager

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