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Florida Department of State  
Division of Corporations  
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EFFECTIVE DATE

6-15-04

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

From:  
Account Name : RICARDO A. ROIG, P.A.  
Account Number : I20020000054  
Phone : (813)876-0088  
Fax Number : (813)876-0445

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DIVISION OF CORPORATIONS

**LIMITED LIABILITY COMPANY**

SoloBiotech Solutions, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
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**ARTICLES OF ORGANIZATION  
OF  
SOLOBIOTECH SOLUTIONS, LLC**

EFFECTIVE DATE

6-15-04

**ARTICLE I  
NAME**

15 The name of the Limited Liability Company is SoloBiotech Solutions, LLC., effective this day of June, 2004.

**ARTICLE II  
ADDRESS**

The mailing address and street address of the principal office of the Limited Liability Company is 14505 Embassy Lane, Tampa, Florida 33613.

**ARTICLE III  
REGISTERED AGENT, REGISTERED OFFICE,  
AND REGISTERED AGENT'S SIGNATURE**

The name and the Florida street address of the registered agent are:

Ricardo A. Roig, P.A.  
4023 North Armenia Avenue, Suite 400  
Tampa, Florida 33607

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*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 in Chapter 608, F.S.*



Registered Agent's Signature

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**ARTICLE VI  
MANAGEMENT**

The Limited Liability Company is to be managed by one or more members and is, therefore, a member-managed company. The initial Managing Member's name and address are:

Joseph L. Banks  
14505 Embassy Lane  
Tampa, Florida 33613

  
\_\_\_\_\_  
Signature of a member or 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.)

Ricardo A. Roig, Authorized Representative  
\_\_\_\_\_  
Typed or printed name of signee

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