

Division of Corporations

Page 1 of 1

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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 : PILINGS, INC.  
Account Number : 072720000101  
Phone : (850) 385-6735  
Fax Number : (954) 641-4192

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**LIMITED LIABILITY COMPANY****BIOKINETEX, L.L.C.**

Certificate of Status	0
Certified Copy	1
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**ARTICLES OF ORGANIZATION  
OF  
BIOKINETEX, L.L.C.**

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, F.S. Chapter 608, hereby make, acknowledge, and file the following Articles of Organization.

**ARTICLE I - NAME**

The name of the limited liability company shall be BIOKINETEX, L.L.C., ("company").

**ARTICLE II - ADDRESS**

The mailing address and street address of the principal office of the company is 600 Heritage Drive, Suite 110, Jupiter, Florida 33438.

**ARTICLE III - REGISTERED OFFICE AND AGENT**

The name and street address of the registered agent of the company in the State of Florida is: Ian M. Berkowitz, 2385 Executive Center Drive, Suite No. 190, Boca Raton, Florida 33431.

*Having been named as registered agent and to accept service of process for the above named limited liability company at the place designated herein, I hereby accept 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 F.S. Chapter 608.*

  
Ian M. Berkowitz

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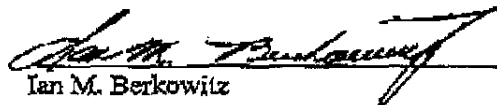
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STATE OF FLORIDA  
DIVISION OF CORPORATE  
REGISTRATION

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## ARTICLE IV - MANAGEMENT

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

IN WITNESS WHEREOF, the undersigned member or authorized representative has made and subscribed these articles of organization at Boca Raton, Florida, on August 24, 2004.

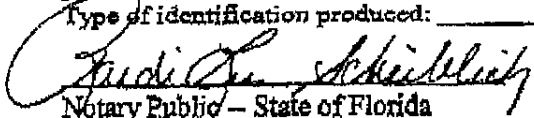
  
Ian M. Berkowitz

(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.)

STATE OF FLORIDA  
COUNTY OF PALM BEACH

Sworn to and subscribed before me this 24 day of August, 2004, by Ian M. Berkowitz, who is personally known to me OR \_\_\_\_\_ produced identification.

Type of identification produced: \_\_\_\_\_

  
Notary Public - State of Florida



Ronel Lee Schelblich  
MY COMMISSION # 00188417 EXPIRES  
October 29, 2006  
BONDED THROUGH FARM INSURANCE, INC.

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NOTARY PUBLIC  
DIVISION OF CORPORATE  
AFFAIRS

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