

L05000119912

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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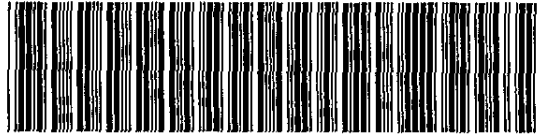
(Business Entity Name)

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12/16/05--01033--001 **155.00

FILED
05 DEC 16 PM 3:53
STATE
TALLAHASSEE, FLORIDA

05 DEC 16 PM 12:16
DIVISION OF REVENUE
TALLAHASSEE, FLORIDA

CORPDIRECT AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

CONTACT: TRACY SPEAR

DATE: 12/16/05

REF. #: 000174.45757

CORP. NAME: SARASOTA LIFE SCIENCES, LLC

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05 DEC 16 PM 3:53
SEC. OF STATE
TALLAHASSEE, FLORIDA

- | | | |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input type="checkbox"/> OTHER: | | |

STATE FEES PREPAID WITH CHECK# 515311 FOR \$ 155.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$ _____

PLEASE RETURN:

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials

ARTICLES OF ORGANIZATION

SARASOTA LIFE SCIENCES, LLC,
a Florida limited liability company

FILED
05 DEC 16 PM 3:53
CLERK OF THE COURT
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The business and affairs of the Limited Liability Company shall be conducted under the name of:

SARASOTA LIFE SCIENCES, LLC

ARTICLE II EFFECTIVE DATE

The effective date of the Limited Liability Company shall be January 1, 2006.

ARTICLE III PRINCIPAL OFFICE

The street address and the mailing address of the principal place of business of the Limited Liability Company within the State of Florida shall be:

1211 Gulf of Mexico Drive, Unit 209
Longboat Key, Florida 34228

ARTICLE IV INITIAL REGISTERED AGENT/OFFICE

The registered office of the Limited Liability Company and its initial registered agent shall be:

Joseph Contorno
1211 Gulf of Mexico Drive, Unit 209
Longboat Key, Florida 34228

ARTICLE V MANAGEMENT AND POWERS

The business and affairs of the Limited Liability Company shall be managed by one or more Managers elected as provided in the Regulations of the Limited Liability Company.

15th IN WITNESS WHEREOF, these Articles of Organization have been executed as of the
day of December, 2005.

WITNESSES:

[Signature]
Print Name John C.

[Signature]
Print Name CLEMENCE CHILLEN

[Signature]
Print Name John C.

[Signature]
Print Name CLEMENCE CHILLEN

[Signature]
Joseph Contorno

[Signature]
Elaine Linker

"MANAGERS"

CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 608.415 of the Florida Statutes, the undersigned Limited Liability Company submits the following statement to designate a registered office and registered agent in the State of Florida.

1. The name of the Limited Liability Company is:


SARASOTA LIFE SCIENCES, LLC

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

Joseph Contorno
1211 Gulf of Mexico Drive, Unit 209
Longboat Key, Florida 34228

Having been named 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Date: 12/15/05



Joseph Contorno

"REGISTERED AGENT"