

LO7000118601

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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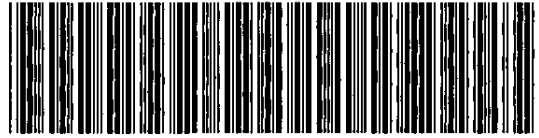
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

GA 12/31

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Sovereign Emerging Biomedical Bridge Fund, LLC ("Company") and Articles of Organization to the Company ("Articles")  
(Name of Limited Liability Company)

Dear Sir or Madam:

The enclosed Articles of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Thomas H. Ross  
(Name of Person)

Sovereign Emerging Biomedical Bridge Fund, LLC  
(Firm/Company)

205 Worth Avenue #317  
(Address)

Palm Beach, Florida 33480  
(City/State and Zip Code)

For further information concerning this matter, please call:

Thomas H. Ross at ( 561 ) 820-1579  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- \$25 Filing Fee
- \$30 Filing Fee & Certificate of Status
- \$55 Filing Fee & Certified Copy
- \$60 Filing Fee, Certificate of Status & Certified Copy

CR2E062 (08/05)

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 07 DEC 27 PM 2:48  
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 TALLAHASSEE, FLORIDA

**ARTICLES OF CORRECTION  
FOR  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 608.4115, F.S., this document is being submitted within the required 30 business days to correct the attached articles of organization or application to transact business in Florida.

**FIRST:** The name of the limited liability company is:  
Sovereign Emerging Biomedical Bridge Fund, LLC

**SECOND:** The articles of organization or the application to transact business

**(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)**

Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:  
Art. IV of the Articles incorrectly states that Florida Bio-Sciences, LLC ("FBS") is a manager, when in fact FBS is a managing member of the Company. Please let the Articles reflect that FBS is the managing member of the Company. Furthermore, incorrectly omitted under Art. V is the agency relationship of Thomas H. Ross ("Ross") to FBS as authorized agent. Please let the Articles reflect that (i) Ross is the authorized agent of FBS; (ii) Ross has executed the Articles on behalf of the managing member, FBS; and (iii) Ross is not, in fact, a member of the Company.

**OR**

Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

07 DEC 27 PM 2:48  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**FILED**

Dated: December 27, 2007

  
\_\_\_\_\_  
(Signature of a member or authorized representative of a member)

Thomas H. Ross (authorized representative of the Company's managing member, FBS)

\_\_\_\_\_  
Typed or printed name of signee

Filing Fee: \$25.00  
Certified Copy: \$30.00 (optional)

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

SOVEREIGN EMERGING BIOMEDICAL BRIDGE FUND, LLC  
(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:**

**Mailing Address:**

205 WORTH AVE # 317  
PALM BEACH, FL 33480

POB 2753  
PALM BEACH, FL 33480

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

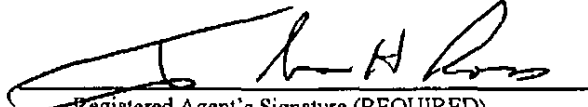
**EFFECTIVE DATE**  
11/30/07

THOMAS H ROSS  
Name

205 WORTH AVE # 317  
Florida street address (P.O. Box **NOT** acceptable)

PALM BEACH FL 33480  
City, State, and Zip

*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 for in Chapter 608, F.S.*

  
Registered Agent's Signature (REQUIRED)

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR

FLORIDA BIO-SCIENCES, LLC  
205 WORTH AVE #317  
PALM BEACH, FL 33480

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: Nov. 26, 2007 (OPTIONAL)  
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**



Signature of a member or an 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.)

THOMAS H. ROSSI

Typed or printed name of signee

**Filing Fees:**

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)