

Division of Corporations

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**Florida Department of State**  
**Division of Corporations**  
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**L. SELLERS**

MAR 25 2009

To:

Division of Corporations  
 Fax Number : (850) 617-6383

**EXAMINER**

From:

Account Name : HUBCO  
 Account Number : 104662003400  
 Phone : (516) 935-3940  
 Fax Number : (516) 935-3088

**FLORIDA/FOREIGN LIMITED LIABILITY CO.**

**Evergreen BioSolutions, LLC**

Certificate of Status	1
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ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY

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ARTICLE I - Name

The name of the Limited Liability Company is: **Evergreen BioSolutions, 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:

493 Prestwick Circle

15307 85th Ave. N.

Palm Beach Gardens, FL 33418

Palm Beach Gardens, FL 33418

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

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

**Glen Berngard, CPA**

Name

**6421 Congress Ave., Suite 207**

(P.O. Box or Mail Drop Box NOT Acceptable)

**Boca Raton, FL 33487**

(City / State / 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 - Glen Berngard, CPA

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

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

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

Camilla L. Kairis - 15307 85th Ave. N., Palm Beach Gardens, FL 33418

MGRM

Steven J. Kairis - 15307 85th Ave. N., Palm Beach Gardens, FL 33418

(Use attachment if necessary)

**REQUIRED SIGNATURE:**



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. )

**Steven J. Kairis**

Typed or printed name of signee

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