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(Business Entity Name)

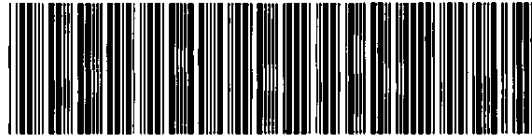
(Document Number)

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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
09 JUN -4 AM 8:53

T. HAMPTON

JUN - 5 2009

EXAMINER

95512 600

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** InflamaCORE Limited Liability Company  
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Robert W. Keane

Name of Person

InflamaCORE, LLC

Firm/Company

1600 NW 10th Avenue (R-430)

Address

Miami, FL 33136

City/State and Zip Code

rkeane@miami.edu

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert W. Keane

Name of Person

at ( 305 ) 243-5726

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee & Certificate of Status    ☒ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)    ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**Mailing Address**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street/Courier Address**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



June 2, 2009

Tammy Hampton  
Regulatory Specialist II  
Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Subject: Inflammacore Limited Liability Company  
Ref. Number: W09000024558

Dear Tammy:

As per your instructions, enclosed please find our revised Articles of Organization for Florida Limited Liability Company. We now list all individuals as managing members.

Should you require additional information, please contact me.

Sincerely,

A handwritten signature in black ink that reads "Robert W. Keane". The signature is written in a cursive, flowing style.

Robert W. Keane, Ph.D.  
Professor of Physiology and Biophysics



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

09 JUN -4 PM 4:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

May 26, 2009

ROBERT W KEANE  
1600 NW 10TH AVE (R-430)  
MIAMI, FL 33136

SUBJECT: INFLAMACORE LIMITED LIABILITY COMPANY  
Ref. Number: W09000024558

We have received your document for INFLAMACORE LIMITED LIABILITY COMPANY and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Limited liability companies are either member-managed or manager-managed - not both. *Member-managed companies are managed by the members of the limited liability company. Manager-managed companies are managed by non-members.* Please amend your document to reflect either the limited liability company is member-managed or manager-managed. If the limited liability company is member-managed, list the names and addresses of the members who will manage the company and identify them solely as managing members. If the limited liability company is manager-managed, list the names and addresses of the non-members who will manage the company and identify them solely as managers. You cannot list both managers and managing members.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 509A00017640

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

InflamaCORE Limited Liability Company

(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:

1600 NWth Avenue (R-430)  
Miami, FL 33136

#### Mailing Address:

1600 NWth Avenue (R-430)  
Miami, FL 33136

### 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:

Greene and Sanders, PA

Name

80 SW 8th Street, Suite 2550

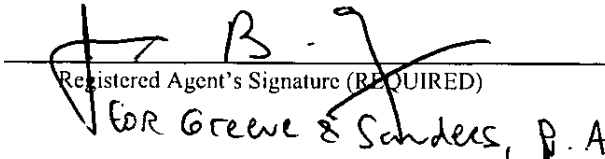
Florida street address (P.O. Box **NOT** acceptable)

Miami, FL 33130

FL

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)

For Greene & Sanders, P.A.

(CONTINUED)

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DIVISION OF CORPORATIONS  
09 JUN -4 AM 8:53

**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:**

MGRM

Robert W. Keane  
1600 NW 10th Avenue (R-430)  
Miami, FL 33136

MGRM

W. Dalton Dietrich  
1095 NW 14th Terrace  
Miami, FL 33136

MGRM

Juan Pablo de Rivero Vaccari  
1095 NW 14th Terrace  
Miami, FL 33136

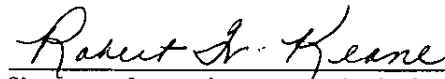
MGRM

Helen M. Bramlett  
1095 NW 14th Terrace  
Miami, FL 33136

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_. (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.)

Robert W. Keane

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)