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Division of Corporations

: (850)617-6383 Fax Number

From:

: MORAITIS, COFAR, KARNEY & MORAITIS Account Name

Account Number : I19990000033 : (954)563-4163 Phone Fax Number

: (954)563-5488

FLORIDA/FOREIGN LIMITED LIABILITY CO.

BITE TECH LABORATORIES, LLC

| Certificate of Status | 1 |
|-----------------------|----------|
| Certified Copy | 1 |
| Page Count | 03 |
| Estimated Charge | \$160.00 |

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Help

Prepared by William M. Karney Moraitis, Cofar, Karney & Moraitis 915 Middle River Drive Suite 506 Fort Lauderdale FL 33304 Audit Fax No.: 1109000160436 3

https://efile.sunbiz.org/scripts/efilcovr.exe

7/9/2009

ARTICLES OF ORGANIZATION

OF

BITE TECH LABORATORIES, LLC

A FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:

Bite Tech Laboratories, LLC, a Florida Limited Liability Company.

ncipal office of the

ARTICLE II - Address: The mailing address and the street address of the principal office of the Limited Liability Company is:

180 Gulfstream Way Dania, Florida 33004

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

The name and the Florida street address of the Registered Agent are:

William M. Karney, Esquire 915 Middle River Drive, Suite #506 Fort Lauderdale, Florida 33304

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, Florida Statutes.

William M. Karney, Registered Agent

Prepared by William M. Karney Moraitis, Cofar, Karney & Moraitis 915 Middle River Drive Suite 506 Fort Lauderdale FL 33304 Audit Fax No.: H09000160436 3

| ARTICLE IV - Management (Check b | ox if applicable.): | | |
|--|--|--|--|
| • • • | be managed by one Manager or more Manage. The name and address of the initial Manage | | |
| Name: | Address: | | |
| Val. Patricol | | | |
| | | | |
| | | | |
| ☑ The Limited Liability Company is to be managed by one Member or more Members and is, | | | |
| therefore, a Member - Managed company. The name and address of the initial Managing Member is: | | | |
| Name: | Address: | 2009 TALLA | |
| Bite Tech, Inc. | 227 Colfax Avenue North, Suite 110 | | |
| | Minneapolis, MN 55405 | 388 488 6- | |
| ARTICLE V - Effective Date: The Eff 2009. | fective Date of these Articles of Organization | E PARTIE DE LA PROPERTIE DE LA | |

Signature of a member or an authorized representative of a member.

William M. Karney, Authorized Representative

(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.)

Filing Fees:
\$100.00 - Filing Fee for Articles of Organization
\$ 25.00 - Designation of Registered Agent
\$ 30.00 - Certified Copy (optional)
\$ 5.00 - Certificate of Status (optional)

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