Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H10000002899 3)))



H100000028993ABC5

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

L. SELLERS

To:

Division of Corporations

Fax Number : (850)617-6383

JAN -7 2010

From:

Account Name : BAND LAW GROUP, P.I..

Account Number : 120090000020 Phone : (941)917-0505

Fax Number : (941)917-0506

EXAMINER

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address: NVasiliev @ band lawgroup. com

O JAN -6 AN 10: 16
ECRETARY OF STATE

FLORIDA/FOREIGN LIMITED LIABILITY CO. WELLCORE LABS, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

SECRETARY OF SIATI

Audit# (((H10000002899 3)))

ARTICLES OF ORGANIZATION

WELLCORE LABS, LLC a Florida limited liability company

ARTICLE I NAME

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

WELLCORE LABS, LLC

ARTICLE II PRINCIPAL OFFICE

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

5113 Inverness Drive Sarasota, FL 34243

ARTICLE III INITIAL REGISTERED AGENT/OFFICE

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

William E. Wolfinger 5113 Inverness Drive Sarasota, FL 34243

Audit# (((H10000002899 3)))

00018509.WPD;1

10 JAH -6 AHII: 10

Audit# (((H10000002899 3)))

ARTICLE IV MANAGEMENT AND POWERS

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

The initial Managers of the Limited Liability Company shall be:

William E. Wolfinger 5113 Inverness Drive Sarasota, FL 34243

Beverly R. Wolfinger 5113 Inverness Drive Sarasota, FL 34243

IN WITNESS WHEREOF, these Articles of Organization have been executed as of the 6 4h day of January , 200.

William E. Wolfinger

"Authorized Representative"

Audit# (((H10000002899 3)))

00018509.WPD:1

SECRETARY OF SHALL

Audit# (((H10000002899 3)))

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:

WELLCORE LABS, LLC

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

William E. Wolfinger 5113 Inverness Drive Sarasota, FL 34243

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.

"Reaistered Agent"