

L1100054984

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

From: Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850) 521-1000
Fax Number : (850) 558-1515

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

Email Address: _____

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11 MAY -9 AM 9:55
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**FLORIDA LIMITED LIABILITY CO.
AEVUM LIFE SCIENCE, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

D. BRUCE

MAY 10 2011

EXAMINER

Electronic Filing Menu Corporate Filing Menu

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

AEVUM LIFE SCIENCE, LLC

ARTICLE I – Name:

The name of the Limited Liability Company is:

Aevum Life Science, LLC

ARTICLE II – Address:

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

727 Provincetown Drive
Naples, Florida 34104

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

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

Michael P. Moran

Name

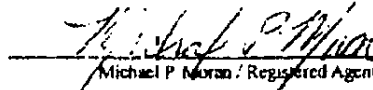
727 Provincetown Drive

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

Naples, Florida 34104

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.


Michael P. Moran / Registered Agent's Signature

Article IV – Manager(s) or Managing Member(s):

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

Title:

Name and Address:

"MGR" = Manager

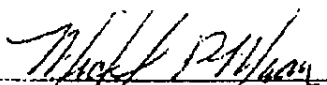
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"MGRM" = Managing Member

MGRM

Michael P. Moran
727 Provincetown Drive
Naples, Florida 34104

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.)

Michael P. Moran
Typed or printed name of signer

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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