

L12000033190

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

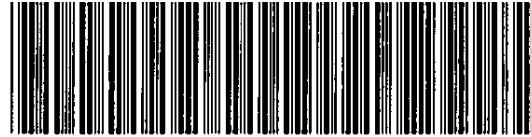
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
12 MAR - 7 AM 11:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. C. Clingan MAR - 8 2012

Dale A. Barnstable, CPA
4200 North Ocean Drive, A-504
Singer Island, Fl. 33404

March 5, 2012

Florida Department of State
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: State Registration of Select BioVentures LLC

Dear Department of State,

Enclosed are the Articles of Incorporation for Select BioVentures LLC. The Registered Agent will be myself at the following address and phone numbers.

Dale A. Barnstable
4200 North Ocean Drive
Tower A-504
Singer Island, FL 33404

(O) 561-840-1262
(M) 561-715-4096

Also enclosed is a check for \$130.00 to cover the filing fee and Certificate of Status.

If you have any further questions I can be reached at the above phone numbers.

Sincerely,

A handwritten signature in cursive script that reads "Dale A. Barnstable".

Dale A. Barnstable

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Select BioVentures, LLC

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:

R. Douglas Hulse

Name of Person

Select BioVentures, LLC

Firm/Company

139 Sunrise Avenue, Apartment 208

Address

Palm Beach, Florida 33480

City/State and Zip Code

DOUGHULSE@aol.com

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

For further information concerning this matter, please call:

R. Douglas Hulse

Name of Person

at (609) 915-3482

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Select BioVentures, LLC

(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:

170 N. Ocean Blvd
Palm Beach, Florida 33480

Mailing Address:

PO Drawer 331
Palm Beach, Florida 33480

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:

Dale Barnstable, Jr.

Name

4200 North Ocean Drive, A-504

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

Singer Island FL 33404

City, State, and Zip

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12 MAR -7 AM 11:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

Dale A. Barnstable

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

R. Douglas Hulse
139 Sunrise Avenue Apt. 208
Palm Beach, Florida 33480

MGRM

Gordon Ramseier
2427 Marseilles Dr.
Palm Beach Gardens, Florida 33410

MGRM

Dale Barnstable, Jr.
4200 North Ocean Drive, A-504
Singer Island, Florida 33404

MGRM

The Sage Group, Inc.
18002 Route 31 North, Suite 381
Clinton, New Jersey 08809

(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:

Dale A. Barnstable

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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Dale Barnstable, Jr.

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)

FILED
12 MAR -7 AM 11:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA