

**L12000131489**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

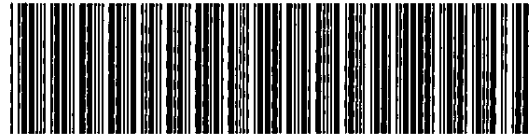
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FLORIDA

***Greg Daniel, Attorney at Law***

**Office**  
**(727) 572-1100**

**13575 - 58th Street North, Suite 200  
Clearwater, Florida 33760  
ngdaniel@tampabay.rr.com**

**Fax**  
**(727) 573-2100**

October 10, 2012

**COVER LETTER**

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

Subject: CupRx, Limited Liability Company

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

Please return all correspondence concerning this matter to:

Greg Daniel, Esquire  
Greg Daniel, Attorney at Law  
13575 - 58th Street North, Suite 200  
Clearwater, FL 33760  
ngdaniel@tampabay.rr.com

For further information concerning this matter, please call:

Greg Daniel, Esquire  
(727) 572-1100

Enclosed is a check for the following amount:

\$130.00 Filing Fee & Certificate of Status

Signed: \_\_\_\_\_

Greg Daniel, Esquire

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

**CupRx, Limited Liability Company**

### ARTICLE II - Address:

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

#### **Principal Office Address:**

CupRx, L.L.C.  
13575 - 58th Street North, Suite 200  
Clearwater, FL 33760

#### **Mailing Address:**

CupRx, L.L.C.  
13575 - 58th Street North, Suite 200  
Clearwater, FL 33760

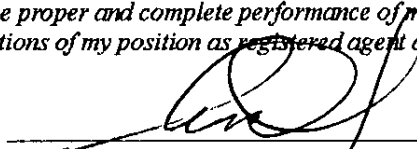
### ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

Name: Greg Daniel, Esquire

Florida street address: 13575 - 58th Street North, Suite 200  
Clearwater, FL 33760

*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 provision 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 in Chapter 608, F.S.*

  
(Registered Agent's Signature (REQUIRED))

(CONTINUED)

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CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA

**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

Dr. Wesley Brooks, Ph.D.  
1017 Chillum Court  
Safety Harbor, FL 34695

MGRM

Dr. Wayne C. Guida, Ph.D.  
5006 Davenshire Way  
Tampa, FL 33647

MGRM

Dr. Kenyon G. Daniel, Ph.D.  
30520 Birdhouse Drive  
Wesley Chapel, FL 33545

MGRM

Greg Daniel, Esquire  
14896 Feather Cove Road  
Clearwater, FL 33762

**ARTICLE V - Effective date:** October 8, 2012.

**REQUIRED SIGNATURE:**

  
\_\_\_\_\_  
**Signature of a member or an authorized representative of a member.**

(In accordance with section 608.40(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.

Greg Daniel

\_\_\_\_\_  
Typed or printed name of signer

**Filing Fees:**

Enclosed is a check for the following amount: **\$130.00**  
which includes **\$125.00** Filing Fee for Articles of Organization and Designation of Registered Agent, plus **\$5.00** for the Certificate of Status

FILED  
12 OCT 15 AM 11:01  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA