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SECRETARY OF STATE
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COVER LETTER

TO:

Registration Section **Division of Corporations**

BioNova Genesis 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:

Arthur Leichner Firm/Company 27221 S.W. 167 Ct. Homestead, FL 33031

. City/State and Zip Code

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

For further information concerning this matter, please call:

Arthur Leichner

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 C **ARTICLE I - Name:** The name of the Limited Liability Company is: BioNova Genesis 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: **Mailing Address:** 27221 S.W. 167 Ct 27221 S.W. 167 Ct Homestead, FL 33031 Homestead, FL 33031 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: Arthur Leichner Name 27221 S.W. 167 Ct. Florida street address (P.O. Box NOT acceptable)

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.

City, State, and Zip

Registered Agent's Signature (REQUIRED)

Homestead, FL 33031

(CONTINUED)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

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

| /IGR | • | Arthur Leichner |
|-----------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|
| | | 27221 S.W. 167 Ct. |
| | | Homestead, FL 33031 |
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| EV: Effective date is list or 90 days after the REQUIRED SIGN (In accordant to the second constitute I am awar | te, if other than the dated, the date must be dete of filing.) NATURE: ignature of a member of lance with section 608.40 s an affirmation under the that any false information | e specific and cannot be more than five b |

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)