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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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2011 SEP 11 PM 1: 35

SECRETARY OF STATE

N. Outhorn Staff 1 7 20181

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Scribe Bio, 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:
Rex Hodge Name of Person
Scribe Bio, LLC Firm/Company
Firm/Company
4013 Rocks Point Place
Riviera Beach, FC 33407 City/State and Zip Code rex.hodge@gmail.com E-mail address! (to be used for futt) re annual report notification)
For further information concerning this matter, please call: Rex Hodge
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\bigcup \text{\$\subset \text{\$\sin \text{\$\subset \text{\$\subset \text{\$\subset \text{\$\sin \tex}

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

(additional copy is enclosed)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:		
Scribe Bio, La (Must end with the words "Limited L	iability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the principal offi	ice of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
Scribe Bio, LLC 4013 Rocks Point Place Riviera Beach, FL 33407	Scribe Bio, LLC 4013 Rocks Point Place Riviera Beach, Ft 33407	
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own Reanother business entity with an active Florida registration.)	egistered Agent. You must designate an individual or	
The name and the Florida street address of the registered ag	gent are;	
Rex Hodge	o SAS	-
Name		ţ
4013 Rocks Po Florida street address (P.O. Box N	int Place	1
	= CD	
RivieraBeach	FL 3340/	
City	Zıp	
the place designated in this certificate, I hereby accept to capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the oblig	tice of process for the above stated limited liability company at the appointment as registered agent and agree to act in this fall statutes relating to the proper and complete performance gations of my position as registered agent as provided for in r 605, F.S	
- Ago	<u></u>	
Registered Agent's Signatur	fe (REQUIRED)	

Page 1 of 2

(CONTINUED)

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	// .
mGR	Rex Hodge
	4013 Rocks Point Place
	MIVIEW BOACH, TE ZZIVI
	
 .	
(Use attachment if necessary)	
•	
E V: Effective date, if other than the date	te of filing: (OPTIONAL)
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E V: Effective date, if other than the date ective date is listed, the date must be sof filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a n (In accordance with section 6 constitutes an affirmation und I am aware that any false info	pecific and cannot be more than five business days prior to or 90 days after the penalties of perjury that the facts stated herein are true. ormation submitted in a document to the Department of State
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\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)