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Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : JECK, HARRIS, RAYNOR & JONES, P.A.
Account Number : I20000000210
Phone : (561) 713-2095
Fax Number : (561) 747-4113

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

Email Address: joosephmunden@urgmanagement.com

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DIVISION OF CORPORATIONS
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**FLORIDA LIMITED LIABILITY CO.
YOUR LAB, LLC**

Certificate of Status	0
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ALLAHADSEE, FLORIDA

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ARTICLES OF ORGANIZATION
OF
YOUR LAB, LLC

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, as amended, hereby make, acknowledge and file the following Articles of Organization.

ARTICLE I - NAME

The name of the limited liability company is YOUR LAB, LLC (the "Company").

ARTICLE II - ADDRESS

The street and mailing addresses of the Company's principal office are:

Principal Office Address

2340 SW Poma Drive
Palm City, FL 34990

Mailing Address

2340 SW Poma Drive
Palm City, FL 34990

ARTICLE III - REGISTERED AGENT AND REGISTERED OFFICE

The name and Florida street address of the initial registered agent are Jeck, Harris, Raynor & Jones, P.A., 790 Juno Ocean Walk, Suite 600, Juno Beach, FL 33408.

ARTICLE IV - MANAGER(S) OR MEMBER(S)

The name and address of each Manager or Member are:

Manager(s) or Member(s)

Manager

Name and Address

Joseph W. Munden, III
2340 SW Poma Drive
Palm City, FL 34990

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CLERK OF CIRCUIT
JAIL HOUSE, FLORIDA

These Articles of Organization have been executed by the undersigned member of the Company or the undersigned authorized representative of a member of the Company on October 9, 2014.

Member or Authorized Representative of a
Member of the Company

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STATE OF FLORIDA
AT THOMAS, FLORIDA

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WRITTEN STATEMENT REQUIRED BY
CHAPTER 605, FLORIDA STATUTES

1. The name of the limited liability company is: YOUR LAB, LLC.
2. The name and the Florida street address of the registered agent are:

Jeck, Harris, Raynor & Jones, P.A.
NAME

790 Juno Ocean Walk, Suite 600
Florida street address (P.O. BOX NOT ACCEPTABLE)

Juno Beach, FL 33408-1121
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 written statement, I/we hereby accept the appointment as registered agent and agree to act in this capacity. I/We further agree to comply with the provisions of all statutes relating to the proper and complete performance of my/our duties, and I/we are familiar with and accept the obligations of my/our position as registered agent as provided for in Chapter 605, F.S.

Jeck, Harris, Raynor & Jones, P.A.

By: 
Jeffrey S. Raynor, Vice President

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