(Re	questor's Name)	
(Add	dress)	
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(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu:	siness Entity Nar	me)
(Do	cument Number)	
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Vbis o I Solz J. EKUCE

COVER LETTER

TO: Registration Division of	n Section Corporations		
SUBJECT:	Brophs		
	Name of Li	mited Liability Company	
The enclosed Articles	s of Organization and fee(s) a	re submitted for filing.	
Please return all corre	espondence concerning this m	natter to the following:	
	GRAHAME	PRIEST	
		Name of Person	
		Firm/Company	
	P.O. Box	10325	
		Address	· · · · · · · · · · · · · · · · · · ·
	TALLAHASSI	EE FLOREDA 3 City/State and Zip Code	2302
	- L/110	City/State and Zip Code	
	E-mail address: (to be use	City/State and Zip Code O Mail - COM d For future annual report notifies	ation)
For further informatic	on concerning this matter, ple		
			,~**
No	at (_ me of Person)	lephone Number
1441	ne or reison	Area Code Paytime re	#PR
Enclosed is a check to	or the following amount:		00 A 20 CO A 2
\$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified Copy (additional copy is enclosed)
B.Y	ilina Adduoce	Stuast/Course Add	~ ,

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

BIOPHTLI	79 LLC
(Must end with the words "L	.imited Liability Company, "L.L.C.," or "LLC,")
ARTICLE II - Address: The mailing address and street address of the principle.	cipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1519 Coomes DR Tallahassee, FL 31308	PO Box 10325 Tallorhossee, FL 32302
ARTICLE III - Registered Agent, Registered C (The Limited Liability Company cannot serve as i another business entity with an active Florida regi	ts own Registered Agent. You must designate an individual or
The name and the Florida street address of the reg	gistered agent are:
Cirahan	ne Priest
1519 CO	OMBS PRIVE O. Box <u>NOT</u> acceptable)
Florida etropt address (P.	O Roy NOT acceptable)
	ze FL 32308 Zip
Having been named as registered agent and to act the place designated in this certificate. I hereby capacity. I further agree to comply with the prov	
Tablahasse City Having been named as registered agent and to ac the place designated in this certificate. I hereby capacity. I further agree to comply with the prov of my duties, and I am familiar with and accept	Zip Zip cept service of process for the above stated limited liability company at accept the appointment as registered agent and agree to act in this visions of all statutes relating to the proper and complete performance the obligations of my position as registered agent as provided for in Chapter 605, F.S
Tablahasse City Having been named as registered agent and to ac the place designated in this certificate. I hereby capacity. I further agree to comply with the prov of my duties, and I am familiar with and accept	Zip Coept service of process for the above stated limited liability company at a coept the appointment as registered agent and agree to act in this visions of all statutes relating to the proper and complete performance the obligations of my position as registered agent as provided for in Chapter 605, F.S
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<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager PUBL	avahano Priest
THINDIC.	VO hox 10325
	Tallabassee, FL 32302
AMBR	Loonny friest
	10 Box 10325
	Tallahassee, Fr 32302
(Use attachment if necessary)	
	fic and cannot be more than five business days prior to or 90 days :
of filing.)	nc and cannot be more than five business days prior to or 90 days a
of filing.) LE VI: Other provisions, if any. REQUIRED SIGNATURE:	Mana T
of filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE:	Marit
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REQUIRED SIGNATURE: Signature of a ment (In accordance with section 505.0 constitutes an affirmation under the lam aware that any false information)	per or an authorized representative of a member. 1203 (1) (b), Florida Statutes, the execution of this document ne penalties of perjury that the facts stated herein are true, tion submitted in a document to the Department of State
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ARTICLE IV-