

04/29/2015

15:26

30544248

ARAZOZA & FERNANDEZ

PAGE 01/04

4/29/2015

C15000075357
Division of Corporations

**Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H15000105260 3)))



H150001052603ABCU

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : ARAZOZA & FERNANDEZ-FRAGA P.A.
Account Number : 076624003440
Phone : (305)444-6226
Fax Number : (305)442-4829

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

Email Address: _____

**FLORIDA LIMITED LIABILITY CO.
PHYTIS PHARMA, LLC**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

FILED
15 APR 29 AM 8:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 APR 29 AM 10:00

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
REGISTRATION SERVICES

APR 30 2015

H15000105260 3

ARTICLES OF ORGANIZATIONOFPHYTIS PHARMA, LLC

The undersigned members to these Articles of Organization hereby associate themselves together to form a Limited Liability Company under the laws of the State of Florida.

ARTICLE I
NAME

The name of this Limited Liability Company is: PHYTIS PHARMA, LLC

ARTICLE II
GENERAL NATURE OF BUSINESS

The Limited Liability Company may engage in any activity or business permitted under the laws of the United States and of the State of Florida.

ARTICLE III
TERM OF EXISTENCE

This Limited Liability Company is to exist perpetually. The Limited Liability Company's business will continue without regard to the death, retirement, resignation, expulsion, bankruptcy or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the Limited Liability Company.

ARTICLE IV
ADDRESS

The principal office and mailing address of this Limited Liability Company in the State of Florida is 2233 SW 10th STREET, MIAMI FL 33135. The Board of Managers may from time to time move the principal office to another address in Florida.

ARTICLE V
REGISTERED OFFICE, REGISTERED AGENT

That PHYTIS PHARMA, LLC, desiring to organize under the laws of the State of Florida, with its principal office as indicated in the Articles of Organization at the County of Miami-Dade, State of Florida, hereby designates ARAZOZA & FERNANDEZ-FRAGA, P.A., as its Registered Agent to accept services within the State. The registered office of the Limited Liability Company shall be 2100 SALZEDO STREET, SUITE 300, CORAL GABLES, FL 33134.

FILED
15 APR 29 AM 8:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

R15000105260 3

ARTICLE VI
MANAGEMENT

The Limited Liability Company is to be managed by one or more managers and is, therefore, a manager - managed company. The Initial Manager of the Company shall be:

PHYTIS PHARMA, S.A. of
C/O 2233 SW 10th STREET, MIAMI FL 33135

WITNESS the hand and seal of the Authorized Person in Miami-Dade County, State of Florida, the 29th day of April, 2015.



Carlos F. Arazoza
Authorized Person

STATE OF FLORIDA)
) SS:
COUNTY OF MIAMI-DADE)

PERSONALLY appeared before me, Carlos F. Arazoza, as Authorized Person, who is personally known to me, who being by me first duly sworn, acknowledges that he signed the same for the purposes therein expressed.

WITNESS my hand and seal at Miami-Dade County, Florida this 29th day of April, 2015





NOTARY PUBLIC, STATE OF FLORIDA
AT LARGE

My commission expires:

H15000105260 3


CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN FLORIDA, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED.

In compliance with Section 48.091, Florida statutes, the following is submitted:

FIRST: That PHYTIS PHARMA, LLC, desiring to organize or qualify under the laws of the State of Florida, with its principal place of business at the County of Miami-Dade, State of Florida, designates ARAZOZA & FERNANDEZ FRAGA, P.A., as its Registered Agent to accept services within the State. The registered office of the Limited Liability Company shall be 2100 SALZEDO STREET, SUITE 300, CORAL GABLES, FL 33134.

Having been named to accept service of process for the above stated Limited Liability Company, at the place designated in this certificate, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties.

REGISTERED AGENT


CARLOS F. ARAZOZA

Director

Arazoza & Fernandez-Fraga P.A.

Date: April 29, 2015

FILED
15 APR 29 AM 8:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA