

L15000088072

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

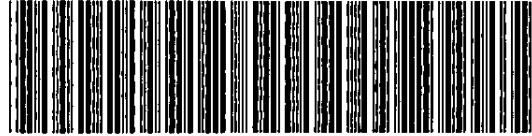
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200272345232

05/07/15--01009--029 \*\*130.00

FILED

2015 MAY -7 PM 2:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAY 19 2015  
J. BRUCE

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Imagine Biolabs, 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:

Scott Hogan  
Name of Person

Imagine Biolabs, LLC  
Firm/Company

1175 SW middlestream Ct.  
Address

Palm City, FL 34990  
City/State and Zip Code

scott\_hog@hotmail.com  
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Scott Hogan at (772) 485-0861  
Name of Person Area Code Daytime Telephone Number

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

FILED  
2015 MAY -7 PM 2:40  
TALLAHASSEE, FL 32301  
SECRETARY OF STATE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Imagine Biolabs, 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:

1175 SW Middlestream Ct.  
Palm City, FL 34990

Mailing Address:

1175 SW Middlestream Ct.  
Palm City, FL 34990

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:

Scott Hogan  
Name

1175 SW Middlestream Ct.  
Florida street address (P.O. Box NOT acceptable)

Palm City FL 34990  
City 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 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 provided for in Chapter 605, F.S.

Scott Hogan  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED  
2015 MAY - 7 PM 4:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

**Name and Address:**

Scott Hogan  
1175 SW Middlestream Ct.  
Palm City, FL 34990

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**ARTICLE VI:** Other provisions, if any.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REQUIRED SIGNATURE:**

Scott Hogan  
Signature of a member or an authorized representative of a member.  
(In accordance with section 605.0205 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Scott Hogan

Typed or printed name of signee

FILED  
2015 MAY -7 PM 2:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Filing Fees:**

~~\$125.00~~ Filing Fee for Articles of Organization and Designation of Registered Agent

~~\$ 30.00~~ Certified Copy (Optional)

~~\$ 5.00~~ Certificate of Status (Optional)