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TALLAHASSEE, FLORIDA
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BRENNAN, MANNA & DIAMOND

ATTORNEYS & COUNSELORS AT LAW

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October 6, 2015

Florida Secretary of State
New Filing Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301
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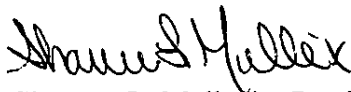
Re: UroCellZ Research, LLC | Articles of Organization

To Whom It May Concern:

Enclosed please find the Florida Articles of Organization Form for filing for the above-referenced entity, along with a check in the amount of \$125.00 for the filing fee.

Thank you for your time and attention to this matter.

Very truly yours,



Shannan L. Mullenix, Paralegal

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: UroCellZ Research, 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:

Bari Zahalsky

Name of Person

UroCellZ Research, LLC

Firm/Company

5850 Coral Ridge Drive, Suite 310

Address

Coral Springs, FL 33076

City/State and Zip Code

bzradin@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Bari Zahalsky

561

699-4552

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

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

UroCellZ Research, 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:

5850 Coral Ridge Drive
Suite 310
Coral Springs, FL 33076

Mailing Address:

5850 Coral Ridge Drive
Suite 310
Coral Springs, FL 33076

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:

Michael P. Zahalsky, M.D.

Name

5850 Coral Ridge Drive, Suite 310

Florida street address (P.O. Box **NOT** acceptable)

<u>Coral Springs</u>	<u>FL</u>	<u>33076</u>
City	State	Zip

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TALLAHASSEE, FLORIDA

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 as provided for in Chapter 605, F.S.


Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

Michael P. Zahalsky, M.D.

5850 Coral Ridge Drive, Suite 310

Coral Springs, FL 33076

(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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:


Signature of a member or an authorized representative of a member.
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
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.

Michael P. Zahalsky, M.D.

Typed or printed name of signee

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)