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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
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Special Instructions to	Filing Officer:	

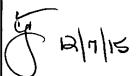




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15 KOV 30 PN 1: 55



COVER LETTER

TO:	Registration Section Division of Corporations	•
SUBJE	LM Plasma Consulting, LLC	
500,0	CT: Name of Lim	ited Liability Company
The enc	closed Articles of Organization and fee(s) are	submitted for filing.
Please r	eturn all correspondence concerning this mat	tter to the following:
	Laura A. McDonald	
		Name of Person
	LM Plasma Consulting, LLC	
		Firm/Company
	3201 South Ocean Blvd, Unit 303	
		Address
	Highland Beach, FL 33487	
	Cit lmcdonald411@gmail.com	ty/State and Zip Code
	E-mail address: (to be used f	for future annual report notification)
For furthe	er information concerning this matter, please	call:
	Laura MoDonald at (401 439-5894
	Name of Person Are	ea Code Daytime Telephone Number
Enclose	d is a check for the following amount:	
\$125.00	Filing Fee \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Sertificate Opy (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:		FILED
The name of the Limited Liability Company is:	i i	
LM Plasma Consulting, LLC		15 NOV 30 PM 1:55
(Must end with the words "Limited Liability Co	ompany, "L.L.C.," or "LLC.")	AL ALCOHOL PLOPIN
ARTICLE II - Address: The mailing address and street address of the principal office of the L		·····································
Principal Office Address:	Mailing Addres	<u>ss</u> :
3201 South Ocean Blvd.	same	
Unit#303		
Highland Beach, FL 33487		
ARTICLE III - Registered Agent, Registered Office, & Registered (The Limited Liability Company cannot serve as its own Registered another business entity with an active Florida registration.) The name and the Florida street address of the registered agent are:		vidual or
David J. Szerlag Name		
3201 South Ocean Blvd. #303	NATE (11.)	
Florida street address (P.O. Box)	NOT acceptable)	
Highland Beach, FL334877		
City State	Zip	
Having been named as registered agent and to accept service of process place designated in this certificate, I hereby accept the appointment as a further agree to comply with the provisions of all statutes relating to the sum familiar with and accept the obligations of my position as registered. Registered Agent's (CONTINE)	egistered agent and agree to act in proper and complete performance agent as provided for in Chapter 6 Signature (REQUIRED)	this capacity. I of my duties, and I
Page 1	of2	

AMBR" = Authorized Member	Name and Address:
MGR" = Manager	
AMBR	Laura A. McDonald
	3201 South Ocean Blvd. Unit# 303
	Highland Beach, FL 33487
·	
<u> </u>	

Use attachment if necessary)	
filing.)	neet the applicable statutory filing requirements, this date will not b
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ctive date is listed, the date must be specifiling.) he date inserted in this block does not report of the date inserted in this block does not report of the date on the Department of the Depa	ember or an authorized representative of a member. ted in accordance with section 605.0203 (1) (b), Florida Statutes. e information submitted in a document to the Department of State e felony as provided for in s.817.155, F.S. A. M. On ald Typed or printed name of signee Filing Fees: rganization and Designation of Registered Agent

ARTICLE IV-