Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6381

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone

: (850)205-8842

Fax Number

: (850)878-5368

**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. Clarity Genetics, LLC

Certificate of Status Certified Copy Û Page Count 04 Estimated Charge \$130.00

Electronic Filing Menu

Corporate Filing Menu

Help

COYER LETTER

	ration Section on of Corporations		•	
SUBJECT:	LARITY GENETICS, LLC			
SUBJECT:	Name o	f Limited Liabil	ity Compuny	
The enclosed A	ricles of Organization and feets	s) are submitted	for filling.	
Please return all	correspondence concerning thi	s matter to the f	ollowing:	
Eri	N G, O'ROURKE			
	·	Name of	Person	
. VAI	RNUM LLP			
	,	Firm/Co	mpany	
P.O.	BOX 352			
		Addre	285	
GRA	ND RAPIDS, MI 49501-035	2		
egoro	urk-@varnumlaw.com	City/State and	i Zip Code	
-3	E-mail address: (to be u	sed for future a	nual report notification)
For further inform	ntion concerning this matter, pl	ease call:		
Erin (G. O'Rourke	616	336-6253	
	Name of Person	Area Code	Daytime Telephone	lumber
Enclosed is a che	ck for the following amount:			
]\$125.09 Filing F		L Certifie	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) [itrest Address lew Filing Section Division of Corporations Lifton Building	ı

Tallahassee, FL 32314

2661 Executive Center Circle Taliahassee, FL 32301

FILED

16 JUN 22 PM 2: 07

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

SECRETARY OF STATE FALLAHASSEE FLORIDA

The name of the Limited Liabil	lity Company is:		
Clarity Genetics, Li	ıc		
(Must end	d with the words "Limited	l Lisbility Company	y, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street	address of the principal c	ffice of the Limited	Liability Company is:
Princi	oal Office Address:		Malling Address:
801 Broadway Ave		E 01	Broadway Ave NW #203
Grand Rapids, MI 4	105B4	Ora	nd Rapids, MI 49504
ARTICLE III - Registered Ag	gent, Registered Office,	& Registered Ages	it's Signature:
(The Limited Liability Company another business entity with an	gent, Registered Office, y cannot serve as its own active Florida registratio	& Registered Agent. V Registered Agent. V n.)	
(The Limited Liability Company	gent, Registered Office, y cannot serve as its own active Florida registration address of the registered	& Registered Agen Registered Agent. V n.)	it's Signature:
(The Limited Liability Company another business entity with an	gent, Registered Office, y cannot serve as its own active Florida registratio	& Registered Agen Registered Agent. V n.)	it's Signature:
(The Limited Liability Company another business entity with an	gent, Registered Office, y cannot serve as its own active Florida registration address of the registered	& Registered Agent. Registered Agent. The Registered Agent. The Registered Agent. The Registered Agent are: SYSTEM Name	it's Signature:
(The Limited Liability Company another business entity with an	gent, Registered Office, y cannot serve as its own active Florida registration address of the registered C T CORPORATION	& Registered Agent. (n.) agent are: VSYSTEM Name SLAND ROAD	ne's Signature: You must designate en individual or
(The Limited Liability Company another business entity with an	gent, Registered Office, y cannot serve as its own active Florida registration address of the registered C T CORPORATION 1200 SOUTH PINE	& Registered Agent. (n.) agent are: VSYSTEM Name SLAND ROAD	ne's Signature: You must designate en individual or

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..

Angel Shearer Assistant Secretary Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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SECRETARY OF STATE TALLAHASSEE FLORIDA

Signature of a member or an authorized representative of a member. This document is executed in accordance with section 603.0203 (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.817.135, F.S. Alan Mack Typed or printed name of signee Filing Feet: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent	Title:	Name and Address:
(Use attachment if necessary) E. V. Effective date, if other than the date of filing:	"AMBR" = Authorized Member	
(Use attachment if necessary) E. V. Effective date, if other than the date of filing: Letive date is listed, the date must be specific and cannot be more than five business days prior to or 9 of filing.) the date inserted in this block does not meet the applicable statutory filing requirements, this date will no nent's effective date on the Department of State's records. E. VI: Other provisions, if any. REQUIRED SIGNATURE: Signatures of a manher or an authorized representative of a manher. 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. Alan Mack Typed or printed name of signee Filing Feets: \$125.00 Filing Fee for Articles of Organizalion and Designation of Registered Agent		45845
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