

L16000126939

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

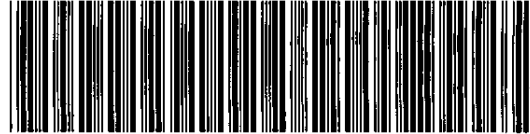
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200286933052

06/27/16--01016--017 **160.00

FILED
16 JUN 27 PM 5:41
SECRETARY OF STATE
TALLAHASSEE FLORIDA
7/1/16

ROBIN D. MICHEL

28 ALLEGHENY AVENUE, SUITE 1207
TOWSON, MARYLAND 21204-3919
(877) 393 - 4198

June 22, 2016

Florida Department of State
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: BIO-APP SOLUTIONS OF FLORIDA, LLC

Dear Sir or Madam:

Enclosed please find Articles of Organization for Bio-App Solutions of Florida, LLC, a new Florida Limited Liability Company, along with a check payable to the Florida Department of State in the amount of \$160.00 for the required filing fee, certified copy fee and certificate of status fee. Please accept the enclosed for processing and return the Department's letter of acknowledgement, certified copy and certificate of status to my office at the address listed above.

Thank you for your assistance.

Very truly yours,

Robin D. Michel

cc: Enclosures

FILED
16 JUN 27 PM 5:44
SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

BIO-APP SOLUTIONS OF FLORIDA, 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:

28 Allegheny Avenue, Suite 1207
Towson, Maryland 21204-3919

Mailing Address:

28 Allegheny Avenue, Suite 1207
Towson, Maryland 21204-3919

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:

Tim King

Name

406 Avenue B

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

<u>Melborne Beach,</u>	<u>Florida</u>	<u>32951</u>
City	State	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 as provided for in Chapter 605, F.S..


Registered Agent's Signature (REQUIRED)

TIMOTHY KING

(CONTINUED)

16 JUN 27 PM 5:46
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:

Robin D. Michel

28 Allegheny Avenue, Suite 1207

Towson, Maryland 21204-3919

(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

 Manager

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.

Robin D. Michel, Manager

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)

16 JUN 27 PM 5:44
SECRETARY OF STATE
TALLAHASSEE FLORIDA