

L16000143086

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

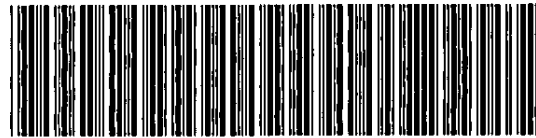
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

PICK UP: 8-3-16

- CERTIFIED COPY _____
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1. UH Agro-Innovation LLC
(CORPORATE NAME AND DOCUMENT #)
2. _____
(CORPORATE NAME AND DOCUMENT #)
3. _____
(CORPORATE NAME AND DOCUMENT #)
4. _____
(CORPORATE NAME AND DOCUMENT #)
5. _____
(CORPORATE NAME AND DOCUMENT #)
6. _____
(CORPORATE NAME AND DOCUMENT #)

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TALLAHASSEE, FLORIDA

SPECIAL INSTRUCTIONS: _____

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

FILED
16 AUG -3 AM 10:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is: UH Agro-Innovation LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Lorne Road, 36, E7 0LJ London, United Kingdom

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

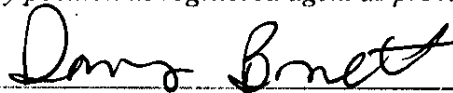
The name and the Florida street address of the registered agent are:

- Name: Corporate Access, Inc.

Address: 236 East 6th Avenue, Tallahassee, FL 32303

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



ARTICLE IV-

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

AMBR

Ruslan Adam

Lorne Road, 36, E7 0LJ London, United Kingdom

ARTICLE V: Effective date, if other than the date of filing: (OPTIONAL)

SIGNATURE:



Elizabeth Shewell, Authorized Representative

(In accordance with the Revised Limited Liability Company Act, Chapter 605, 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.)

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA