Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H18000124800 3)))



H160001248003ABCY

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : BUSINESS FILINGS Account Number : 105256001620 Phone : (608)827-5300

Fax Number

: (608)827-5501

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

agent@ hizfilings can

MECEIVED

118 APR 20 AM 11: 49

WHEN SERVICED

FLORIDA LIMITED LIABILITY CO.

ImmuKnowledge LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

C RICO APR 2 0 2018

Subu	ussion.	date.	4.	20	18
-AMONA	ינטוסטר.	المالكات		O-Y	. س

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION ImmuKnowledge LLC

ARTICLE I

NAME

The name of the limited liability company is: ImmuKnowledge LLC

ARTICLE II

ADDRESS

The principal place of business and mailing address of this Limited Liability Company shall be: 6365 Collins Avenue Apt 3501, Miami Beach, Florida 33141.

ARTICLE III

EFFECTIVE DATE

The document shall be effective: 4/16/2018

ARTICLE IV INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the registered agent are: Business Filings Incorporated, 1200 South Pine Island Road, Plantation, Florida 33324. Located in the County of Broward.

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.

Signature: Mark Williams, A.V.P. Business Filings Incorporated Date: April 18, 2018

ARTICLE V MANAGERS/MEMBERS

The management of the limited liability company is reserved for the members and the name and address of the member of the Limited Liability Company is: Philip Arlen, 6365 Collins Avenue Apt 3501, Miami Beach, Florida 33141

FAX AUDIT #

FAX AUDIT# <u>H18000124800</u>	3
--------------------------------	---

ARTICLE VI DURATION

The duration for the limited liability company shall be: Perpetual.

Philip Arlen, Organizer

Date: April 16, 2018

Amhorized Representative

(In accordance with section 605.0203 (1) (b). 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.)