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Corporation

FAX

Page 1 of 2

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 : UNISEARCH, INC.
Account Number : I20150030193
Phone : (612) 219-4300
Fax Number : (651) 666-2789

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2018 OCT 19 AM 10:22
SECRETARY OF STATE
TALLAHASSEE, FL 32399

****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.

SunMoon Research Partners LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SunMoon Research Partners LLC

(Must contain 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:

3719 Burnt Pine Dr
Jacksonville, FL 32224

Mailing Address:

CO: NmoDev Therapeutics
1 Innovation Way
Oakdale, MN 55123

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:

NRAI Services, Inc.

Name

1200 South Pine Island Rd

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

Plantation

FL

33324

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 505, F.S.

Susan Erickson

Registered Agent's Signature (REQUIRED)

Susan Erickson

Assistant Secretary

(CONTINUED)

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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

AMBR & MGR

Name and Address:

Jeffrey A Reiner:

6765 E Shadow Lake Dr

Lino Lakes, MN 55014

AMBR & MGR

David W Roesser

6179 Partridge Ct

White Bear Lake, MN 55110

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: October 19, 2018 (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.)

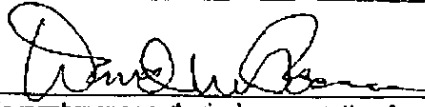
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

Members: NanoDev Therapeutics LLC, One Imation Way, Oakdale, MN 55128 USA Units: 70

Sagabio Co., Ltd and 3SM Biotron Inc., Taipei City 103, Taiwan, (TW)

67, No. 34-1, Jiuquan St., Datong Dist., Taipei City 103, Taiwan Units: 30

REQUIRED SIGNATURE:


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.

David W Roesser
Typed or printed name of signer

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)

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