L19000192853

(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

700321164057

11/29/18--01022--003 **150.00

19 JAN 24 AM 8:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JAN 24 2019

C Kinsey

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Duncan Life Sciences LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Articles of Domestication **of a Non-U.S. Entity** and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Tom Glover
Name of Person

Northwest Registered Agent, LLC
Firm/Company

3030 N. Rocky Point Dr., Ste. 150A
Address

Tampa, FL 33607
City/State and Zip Code

info@duncanlifesciences.com
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Marie Duncan at (971) 4003004
Name of Person — Area Code — Daytime Telephone Number

STREET/COURIER ADDRESS:
New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Articles of Domestication:	$25
Articles of Organization:	$125
Total to Domesticate and file:	$150

CR2E143 (3/17)

Articles of Conversion
For
"Other Business Entity"
Into
Florida Limited Liability Company

The Articles of Conversion **and attached Articles of Organization** are submitted to convert the following **"Other Business Entity" into a Florida Limited Liability Company** in accordance with s.605.1045, Florida Statutes

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is
Duncan Life Sciences LLC
(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a Limited liability company
(Enter entity type - Example - corporation, limited partnership, general partnership, common law, or business trust, etc.)

First organized, formed or incorporated under the laws of Maryland
(Enter state, or if a non-U.S. entity, the name of the country)

on 1/26/17
(date of organization, formation or incorporation)

3. The name of the Florida Limited Liability Company as set forth in the **attached Articles of Organization:**
Duncan Life Sciences LLC
(Enter Name of Florida Limited Liability Company)

4. If not effective on the date of filing, enter the effective date: _____
(The effective date: cannot be prior to date of receipt or filed date nor more than 90 calendar days after the date this document is filed by the Florida Department of State.)
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.

5. The plan of conversion has been approved in accordance with all applicable statutes.

6. The "Converted or Other Business Entity" has agreed to pay any members having appraisal rights the amount to which such members are entitled under ss. 605.1086 and 605.1061-605.1072, F.S.

FILED
19 JAN 24 AM 8:5
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Signed this 20 day of December 20 15

Signature of Authorized Representative of Limited Liability Company:

Signature of Authorized Representative
Printed Name Mark Duncan Title President

Signature(s) on behalf of Other Business Entity: [See below for required signature(s)]

Signature
Printed Name Mark Duncan Title President

Signature
Printed Name Title

Signature
Printed Name Title:

Signature
Printed Name Title:

Signature
Printed Name Title

Signature
Printed Name Title

If Florida Corporation:
Signature of Chairman, Vice Chairman, Director, or Officer
If Directors or Officers have not been selected, an Incorporator must sign

If Florida General Partnership or Limited Liability Partnership:
Signature of one General Partner

If Florida Limited Partnership or Limited Liability Limited Partnership:
Signatures of ALL General Partners.

All others:
Signature of an authorized person

Fees

Articles of Conversion	$25.00
Fees for Florida Articles of Organization	$125.00
Certified Copy:	$30.00 (Optional)
Certificate of Status	$5.00 (Optional)

FILED
19 JAN 24 AM 8:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

Duncan Life Sciences 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:

7901 4th St N
Ste 300
St Petersburg, FL 33702

Mailing Address:

7901 4th St N
Ste 300
St Petersburg, FL 33702

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

Northwest Registered Agent, LLC
Name

7901 4th ST N STE 300
Florida street address (P.O. Box NOT acceptable)

ST. Petersburg FL 33702
City 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.

Tom Glover
Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
19 JAN 24 AM 8:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Title:	Name and Address:
"AMBR" Authorized Member "MGR" Manager MGR	Marie Ducas 193 Old Laurel Dr. St Johns, FL 32259

(Use attachment if necessary)

ARTICLE V: Other provisions, if any

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.

Marie Ducas

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)

FILED
19 JAN 24 AM 8:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA