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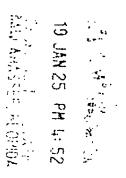
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### **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Apex Biological Services LLC  Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Mark Lafurno Name of Person
Apex Biological Services LLC
Firm/Company
8755 92nd Ct Address
Vero Beach, FL 32967  City/State and Zip Code
mark_lafurno@gmail.com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Mark Lafurno at (631) 833 - 0067  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
☑ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & ☐ \$155.00 Filing Fee & ☐ \$160.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)  ☐ \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)  ☐ \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)  ☐ \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)  ☐ \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)  ☐ \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)  ☐ \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)  ☐ \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)  ☐ \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)  ☐ \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)  ☐ \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)  ☐ \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)  ☐ \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)  ☐ \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)  ☐ \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)  ☐ \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)  ☐ \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)  ☐ \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)  ☐ \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)  ☐ \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)  ☐ \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)  ☐ \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)  ☐ \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)  ☐ \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)  ☐ \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)  ☐ \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)  ☐ \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)  ☐ \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)  ☐ \$160.00 Filing Fee, Certified Copy (additional
Mailing Address Registration Section  Street/Courier Address Registration Section

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
Apex Biological Services LLC (Must end with the words "L	Limited Liability Company, "L.L.C.," o	or "LLC.")
ARTICLE II - Address: The mailing address and street address of the prin	cipal office of the Limited Liability Co	ompany is:
Principal Office Address:	Mailing Address:	
8755 92nd Ct Vero Beach, FL 32967	8755 92nd Ct Vero Beach, FL 32967	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as i another business entity with an active Florida reg	its own Registered Agent. You must do	
The name and the Florida street address of the reg	gistered agent are:	
Mark Lafurno	Name	
8755 92nd Ct Florida street address (P.	O. Box NOT acceptable)	
Vero Beach City	<u>FL 32967</u> Zip	
Having been named as registered agent and to ac the place designated in this certificate, I hereby capacity. I further agree to comply with the prov of my duties, and I am familiar with and accept	ccept service of process for the above st y accept the appointment as registered visions of all statutes relating to the pro	agent and agree to act in this oper and complete performance
Registered Agent's	s Signature (REQUIRED)	- 19
(CO?	NTINUEÐ)	
P:	age 1 of 2	25 PM 4: 52

Title:	Name and Address:
"AMBR" = Authorized Me	
"MGR" = Manager	
MGR	Mark Lafurno
	8755 92nd Ct
	Vero Beach, FL 32967
<u> </u>	
(Use attachment if necessar	v)
(Ose attachment if necessar	
EV: Effective date, if other ective date is listed, the date	than the date of filing: (OPTIONAL) e must be specific and cannot be more than five business days prior to or
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ARTICLE IV-

# Apex Biological Services LLC 8755 92nd Ct Vero Beach, FL

# **INITIAL LIST OF MEMBERS**

The following named person(s) shall constitute the initial members of Apex Biological Services LLC:

Mark Lafurno 8755 92nd Ct Vero Beach, FL 32967

Mark Lafurno, Organizer

1 / '

Date