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.

(((H19000079180 3)))



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To:

Division of Corporations

Pax Number : (850)617-6391

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107

Fax Number

: (561)694-1639

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.

Biodeals, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

5

COVER LETTER

TO;	New Filing Section Division of Corporations		
SUBJE	Biodeals, LLC		
50 5 0 1		of Limited Liabi	lity Company
The en	closed Articles of Organization and fee	(s) are submitted	for filing.
Please	return all correspondence concerning th	nis matter to the	following:
	Mayukh Sircar		
		Name of	Person
	Hutchison, PLLC		
		Firm/Co	тралу
	3110 Edwards Mill Road, Suite 30	00	
		Addr	css
	Raleigh, NC 27612		
	janelesliem@yahoo.com	City/State an	d Zip Code
		used for future a	nnual report notification)
For further	er information concerning this matter, p	lease call;	
	Mayukh Sircar	919 1 (82 9-4 306
	Name of Person	Area Code	Daytime Telephone Number
Enclose	d is a check for the following amount:		
\$125.00	Filing Fee \$130.00 Filing Fee & Certificate of Status	: Certifie	of Filing Fee & Status & Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314)) (2	Street Address New Filing Section Division of Corporations Clifton Building 661 Executive Center Cirole Fallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liab			
Biodeals, LLC	ntain the words "Limited	A I to billion O	
(Musi co	steam the Motor Philippe	Lisouny 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:
Princ	pal Office Address:		Mailing Address:
8909 SW 75th Stre			
0707 5 W 73M 500	:cı	890	9 SW 75th Street
Gainesville, FL 32 ARTICLE III - Registered A The Limited Liability Compa	gent, Registered Office	Gai , & Registered Age n Registered Agent.	9 SW 75th Street nesville, FL 32608 nt's Signature: You must designate an individual or
Gainesville, FL 32 ARTICLE III - Registered A The Limited Liability Companion ther business entity with an	gent, Registered Office by cannot serve as its own active Florida registration address of the registere	Gai , & Registered Age n Registered Agent. on.)	nesville, FL 32608
Gainesville, FL 32 ARTICLE III - Registered A The Limited Liability Companion of the business entity with an	gent, Registered Office ay cannot serve as its ow a active Florida registrati	dai , & Registered Agent. on.) dagent are:	nesville, FL 32608
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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..

Healie 'Malony Registered Agent's Signature (REQUIRED)

(CONTINUED)

9 HAR -8 AM 5: 41

Leslie Molony 3909 SW 75th Street Gainesville, FL 32608	Leslie Molony 3909 SW 75th Street Gainesville, FL 32608	Title:	Name and Address:
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