

D O'KEEFE APR 3 0 2019

9/2019	12:27	 3052201440	LAZARUS CORPORATE	PAGE	02/03
v			9 •	<b>*</b> •	
	·	· ,	, ( ,		
		ARTICL	ES OF ORGANIZATION		
		FLORIDA LIM	FOR UTED LIABILITY COMPA	NY	
	ICLE I - I name of t	Name: he Limited Liability Co	mpany is:		
	Nuva	D BIO LAB UL	<u> </u>		
The r		Address: idress and street addre	ess of the principal office of the Limite	ed Liability	
	10205	NW 19 ST .	STE 101		
	MIAM	1, AL 33172			
Compa with an	ny cannot ser	ve as its own Registered Agent. Y la registration.)	ress of the registered agent are: (The Liv ou must designate an individual or another business ev	niled Liability nilty	
·			eng		
	10205		575 101		
<del></del>	MIAN	11, FL 33172			
The	ICLE IV name and lity Comp	l title of each person au pany: (MGR or AMBR)	thorized to manage and control the I	imited	
	FRANK	PO-JEN CH	ENG, MGR.		
				19 A	
				APR .	<u>لنہ</u>
			· · · · · · · · · · · · · · · · · · ·		
		·		112	
<b></b>					
			Page 1		

.

÷

.

3052201440

03/03 PAGE

ص

c

Required Signatures:

Signature of a member or an authorized representative of a member,

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 harein 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.

## Typed or printed name of signee

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.,

> Registered Agent's Signature (REQUIRED)

> > Page 2 of 2