

19/2020

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To: Division of Corporations
 Fax Number : (850)617-6381

From: Account Name : ABALLI MILNE KALIL, P.A.
 Account Number : 073123001732
 Phone : (305)373-6600
 Fax Number : (305)373-7929

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: C.Fernandez@aballi.com

FLORIDA LIMITED LIABILITY CO.
 BIOARTHYS LLC

Certificate of Status	0
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ARTICLES OF ORGANIZATION

OF

BIOARTHYS LLC

a Florida Limited Liability Company

ARTICLE I

NAME

The name of the limited liability company (the "company") shall be **BIOARTHYS LLC**.

ARTICLE II

ADDRESS

One SE Third Ave.
Suite 2250
Miami, FL 33131

ARTICLE III

**REGISTERED AGENT, REGISTERED OFFICE
& REGISTERED AGENT'S SIGNATURE**

The name and the Florida street address of the registered agent are:

AMKE REGISTERED AGENTS, L.L.C.
One S.E. Third Avenue, Suite 2250
Miami, Florida 33131

Having been named as registered agent 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

Craig P. Kalil
One S.E. Third Ave., Suite 2250
Miami, Florida 33131
Tel: (305) 373-6600
Florida Bar # 607282

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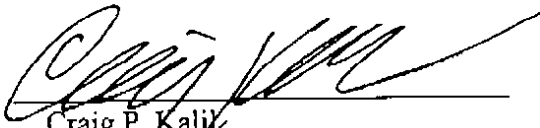
am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

AMKE REGISTERED AGENTS, L.L.C.

By: 
Craig P. Kalil
Manager

IN WITNESS WHEREOF, the undersigned authorized representative has executed these Articles of Organization this 19th day of March, 2020.

AMKE Registered Agents, L.L.C.

By: 
Craig P. Kalil
Manager