

Division of Corporations

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

From:

Account Name : GLAZIER & GLAZIER, P.A.
Account Number : I20050000141
Phone : (904) 997-1033
Fax Number : (904) 997-1733

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

Email Address: jeff.lott@hueman.com**FLORIDA LIMITED LIABILITY CO.****MaxVax, LLC**

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**ARTICLES OF ORGANIZATION
OF
MaxVax, LLC**

The undersigned organizer, who is an Authorized Representative of MaxVax, LLC (the "Company") under the Florida Revised Limited Liability Company Act, hereby adopts the following Articles of Organization.

ARTICLE I - NAME

The name of the Company is MaxVax, LLC.

ARTICLE II - PRINCIPAL OFFICE

The mailing address and street address of the principal office of the Company is 320 1st Street North, Suite 101, Jacksonville Beach, Florida 32250.

ARTICLE III - REGISTERED AGENT AND ADDRESS

The name and street address of the registered agent is GLAZIER, GLAZIER, & DIETRICH, P.A., 8833 Perimeter Park Boulevard, Suite 1002, Jacksonville, Florida 32218.

ARTICLE IV - MANAGEMENT

The Company shall be managed by one or more managers elected by the members. The relative rights, duties and obligations of the managers and the members and the conduct of the Company's business shall be specified in a written operating agreement to be adopted by all of the members.

ARTICLE V - DESIGNATION OF INITIAL MANAGERS

The names and street addresses of the initial Managers of the Company are:

Dwight L. Cooper
320 1st Street North, Suite 101
Jacksonville Beach, Florida 32250

William A. Boutwell, IV
320 1st Street North, Suite 101
Jacksonville Beach, Florida 32250

Jeffery M. Lott
320 1st Street North, Suite 101
Jacksonville Beach, Florida 32250

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ARTICLE VI - NATURE OF BUSINESS

The company may engage in any activity or business permitted under the laws of the United States and the State of Florida.

The undersigned has executed these Articles of Organization as of this 13th day of April, 2020.

MaxVax, LLC

By: 
Its: Authorized Representative

**CERTIFICATE OF ACCEPTANCE
OF REGISTERED AGENT**

The undersigned, having been named as registered agent, agrees to accept service of process for the above named limited liability company at the place designated in these Articles. The undersigned hereby accepts the appointment as registered agent and agrees to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of its duties, and is familiar with, and accepts the obligations of its position as registered agent for MaxVax, LLC as provided for in Chapter 805, F.S.

GLAZIER, GLAZIER & DIETRICH, P.A.

By: 
Name: Scott L. Glazier
Its: President

Date: 7/13/2020

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