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Division of Corporations

Florida Department of State  
Division of Corporations  
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To:

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

From:

Account Name : FL PATEL LAW PLLC  
Account Number : I20170000097  
Phone : (727)279-5037  
Fax Number : (727)888-1294

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

Email Address: Rashdanas82@gmail.com

**FLORIDA LIMITED LIABILITY CO.**

**Constellation Neuroscience, LLC**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

J. FASON

MAY 18 2020

2020 MAY 15 PM 12:03

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STATE  
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TALLAHASSEE, FL

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## COVER LETTER

Wednesday, May 13, 2020

To: New Filing Section  
Division of Corporation

Subject:  
Constellation Neuroscience, 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:

**FL Patel Law PLLC**  
360 Central Avenue  
8<sup>th</sup> Floor  
St. Petersburg, Florida 33701  
Fax: 727-888-1294

**For further information concerning this matter, please call or e-mail:**

**Kalpesh Patel at 727-279-5037 or e-mail at Contact@flpatellaw.com**

**Enclosed is our fax filing coversheet for \$130.00 for Filing Fee & Certificate of Status**

**FL Patel Law PLLC**

**ARTICLES OF ORGANIZATION  
FOR  
Constellation Neuroscience, LLC  
A  
Florida Limited Liability Company**

**ARTICLE I.  
Name**

The name of the Limited Liability Company is: Constellation Neuroscience, LLC (the Company).

**ARTICLE II.  
Address**

The mailing address and street address of the principal office of the Company is:

2780 East Fowler Avenue  
#517  
Tampa, FL 33612-6297

**ARTICLE III.  
Registered Agent, Registered office, & Registered Agent's Signature**

The name and the Florida Street Address of the Registered Agent are:

FL Patel Law PLLC  
360 Central Avenue  
Suite 800  
Saint Petersburg, FL 33701

*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.*

  
\_\_\_\_\_  
FL Patel Law PLLC (sign)

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TAMPA, FL

**ARTICLE IV.**  
**Authorized Members and Managers**

The Name and Address of each person authorized to manage and control the Limited Liability Company:

<u>Title</u>	<u>Name and Address</u>
<b>AMBR = Authorized Member</b> <b>MGR = Manager</b>	
<u>MGR</u>	Aiesha Rashdan 2780 East Fowler Avenue #517 Tampa, FL 33612-6297

**ARTICLE V.**

The Effective date shall be the date of filing.



(sign)

**Signature of a member or an authorized representative of a member.**

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.  
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.

Aiesha Rashdan

Authorized Representative/Member

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DEPARTMENT OF  
STATE

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