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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : R&P ACCOUNTING AND TAXES INC

Account Number : I20170000090 Phone : (305)358-1310

: (305)503-6701 Fax Number

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

Email Address: ACOO 8723

# FLORIDA LIMITED LIABILITY CO. WESCO LABS LLC

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May 12, 2020

FLORIDA DEPARTMENT OF STATE Division of Corporations

REP ACCOUNTING SND TAXES INC

SUBJECT: WESCO LABS LLC

REF: W20000046594

We received your electronically transmitted document. Bowever, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

If you have any further questions concerning your document, please call (850) 245-6052.

Tyrone Scott Regulatory Specialist II New Filings Section

FAX Aud. #: H20000138417 Letter Number: 020A00009661

# ARTICLES OF ORGANIZATION **FOR** FLORIDA LIMITED LIABILITY COMPANY

#### ARTICLE I

The name of the Limited Liability Company and Effective day is:

## WESCO LABS, LLC

(Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC, " or "L.C., ")

# ARTICLE II

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

Principal Office Address
150 SE 2<sup>ND</sup> AVE SUITE 404 MIAMI, FL 33131

Mailing Address 150 SE 2ND AVE SUITE 404 MIAMI, FL 33131

## ARTICLE III

# Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

# R&P ACCOUNTING & TAXES, INC

Nanu

150 SE 2<sup>ND</sup> AVENUE SUITE # 404
Florida Street address (P.O. Box NOT acceptable)

MIAMI, FL. 33131 FL City, State, and Zip

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

#### ARTICLE IV

MGR=Manager(s) or AMBR= AUTHORIZED Member(s):

The name and address of each Person authorized to manage and control the Limited Liability Company:

Title:

WEST-COAST PHARMACEUTICAL WORKS LTD

AUTHORIZED MEMBER 100%

112-120, 1" Floor, Isqure Corporate Park, Near Hir Party Plot, Near Cims Hospital Science City Main road, Sola Ahmedabad-380059. Gujarat-INDIA

PARTH KAMLESH PATEL 150 SE 2<sup>ND</sup> AVE SUITE 404 MIAMI, FL 33131 MANAGER

KAMLESH CHANDRAKAN PATEL 150 SE 2<sup>ND</sup> AVE SUITE 404 MIAMI, FL 33131 MANAGER

#### ARTICLE V

Effective date, if other than the date of filing (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.

# REQUIRED: SIGNATURE

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

PARTH KAMLESH PATEL ON BEHALF OF WEST-COAST PHARMACEUTICAL WORKS LTD

(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 herein are true.)

### ARTICLE VI

The Florida Limited Liability Company will engage in any activity or business permitted under the laws of the State of Florida and the United States of America.

The main objective of the company is: MANUFACTURER & DISTRIBUTORS OF PHARMACEUTICAL