

L 200001384173 *2nd fax Request*
 Florida Department of State
 Division of Corporations
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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
 Fax Number : (305)503-6701

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

Email Address: arod8723@Gmzil.com

**FLORIDA LIMITED LIABILITY CO.
 WESCO LABS LLC**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$125.00

CALL CENTER
 2020 MAY 19 PM 11:00
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May 12, 2020

FLORIDA DEPARTMENT OF STATE
Division of Corporations

R&P ACCOUNTING SMD TAXES INC

SUBJECT: WESCO LABS LLC
REF: W20000046594

We received your electronically transmitted document. However, 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.,")*

FILED
MAY 19 2020
MIAMI, FL

ARTICLE II

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

Principal Office Address
150 SE 2ND 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

Name

150 SE 2ND 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

X

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


PARTH KAMLESH PATEL MANAGER
*150 SE 2ND AVE SUITE 404
MIAMI, FL 33131*

KAMLESH CHANDRAKAN PATEL MANAGER
*150 SE 2ND AVE SUITE 404
MIAMI, FL 33131*

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

X 

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