

Division of Corporations Electronic Filing Cover Sheet

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20 PM 4:	To:	Division of Corporations Fax Number : (850)617-6381	LAHASSEE	2828 MAY 20	<u></u>
2820 HAY		Account Name : TRIAD PROFESSIONAL SERVICES Account Number : 120160000008 Phone : (850)777-2091 Fax Number : (770)220-1943		P# 1:49	

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

Email Address:_____

FLORIDA LIMITED LIABILITY CO.

Scio Testing Solutions LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

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The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

ARTICLES OF ORGANIZATION FOR FLORIDALLMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

Scio Testing Solutions LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.!")

ARTICLE II - Address:

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

<u>Principal</u>	Office A	ddress:
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Mailing Address:

605 Lincoln Road, 5th Floor Mismi Beach, FL 33139

605 Lincoln Road, 5th Floor Miami Beach, FL 33139

ARTICI, F. 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 Fiorida registration.)

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

Javier A. Granda, Esq.

Name

605 Lincoln Road, 5th Floor

Florida street address (P.O. Box NOT acceptable)

Miami Beach

Florida

.33139

City

State

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 guest as proyected for in Chapter 605, F.S.

Javier A. Grande: Esq.

By:

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Signature of a member of an authorized representative of a member. This document is executed in accordance with section 605,0203 (1) (b). Florida Status I am ayafe that any false information submitted in a document to the Department of Status I are ayafe that any false information submitted in a document to the Department of Status I are ayafe that any false information submitted in a document to the Department of Status I are a status	Title:	Name and Address:
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