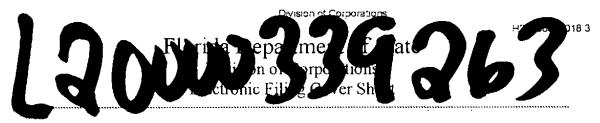
11/4/2020



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : I20000000195 Phone : (850)521-0821 Fax Number : (850)558-1515

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

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	Fmail Address:		

FLORIDA LIMITED LIABILITY CO.

Elixir Pharmaceutical, LLC

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Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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T. SCOTT

Electronic Filing Menu Corporate Filing Menu

Help

Fax Server

Elixir Pharmaceutical, 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:

Meghan Davis		
	Name of Person	
Kluk Farber Law PLLC		
	Firm/Company	
166 Mercer Street, #6B		
	Address	
New York, NY 10012		
	City/State and Zip Code	-
grw55@comell.edu		_

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gabriela Rachel Zonenshine 212-1339 Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount.

■\$125.00 Filing Fee

□\$130.00 Filing Fee & Certificate of Status

□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)

□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address

New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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he name of the Limited Liabi	lity Company is:				
Elixir Pharmaceutical, LLC					
(Must co	natin the words "Limited L	iability Company	, "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street	address of the principal of	Tice of the Limite	d Liability Company is		
<u>Princi</u>	pal Office Address:		Mailing Address:		
ARTICLE III - Registered A	ny cannot serve as its own	& Registered Age	ent's Signature: You must designate an individual or		
ARTICLE III - Registered A (The Limited Liability Compar another business entity with ar	gent, Registered Office, only cannot serve as its own a active Florida registration	& Registered Agent.	ent's Signature:		
ARTICLE III - Registered A (The Limited Liability Compar another business entity with ar	gent, Registered Office, only cannot serve as its own a active Florida registration	& Registered Agent. n.) agent are:	ent's Signature:		
ARTICLE III - Registered A (The Limited Liability Compar another business entity with ar	gent, Registered Office, only cannot serve as its own a active Florida registration and address of the registered	& Registered Agent. n.) agent are:	ent's Signature:		
ARTICLE III - Registered A	gent, Registered Office, only cannot serve as its own a active Florida registration and address of the registered	& Registered Age Registered Agent. n.) agent are:	ent's Signature:		
ARTICLE III - Registered A (The Limited Liability Compar another business entity with ar	gent, Registered Office, only cannot serve as its own active Florida registration address of the registered Corporation Service (& Registered Agent. Registered Agent. n.) agent are: Company Name	ent's Signature: You must designate an individual or		
ARTICLE III - Registered A (The Limited Liability Compar another business entity with ar	gent, Registered Office, only cannot serve as its own active Florida registration and address of the registered Corporation Service (1201 Hays Street)	& Registered Agent. Registered Agent. n.) agent are: Company Name	ent's Signature: You must designate an individual or		

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..

Corporation Service Company

Grande & Blum Registered Agent's Signature (REQUIRED)

(CONTINUED)

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(Use attachment if necessary)	
effective date is listed, the date must be sp- ite of filing.)	of filing (OPTIONAL) ecific and cannot be more than five business days prior to or 90 day meet the applicable statutory filing requirements, this date will not be of State's records.
CLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	
	Zonenshine
This document is execu I am aware that any false	tember or an authorized representative of a member. ted in accordance with section 605.0203 (1) (b), Florida Statutes, information submitted in a document to the Department of State of felony as provided for in s.817.155, F.S.
Gabriela Rachel	Zonenshine Typed or printed name of signee