From: Armando Vasquez

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : ARMANDO TAXES LLC
Account Number : I20200000170
Phone : (305)803-4427
Fax Number : (305)402-6230

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

Email Address: ARMANDO@ARMANDOTAXES.COM

021 MAR 22 AM 8:

FLORIDA LIMITED LIABILITY CO.
TROGON THERAPY LLC

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

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Electronic Filing Menu

Corporate Filing Menu

Help

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From: Armando Vasquez

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	c	OVER LETTER	
TQ:	New Filing Section Division of Corporations		
SUBJE	CT:TROGON THE	BRAPY LLC	
,		inited Liability Company	
The end	lozul Artistus (Pro		
	losed Articles of Organization and fee(s) a		
Please re	eturn all correspondence concerning this n	matter to the following:	
	ARMANDO VASQUEZ		
		Name of Person	-
	ARMANDO TAXES LLC		
		Firm/Company	-
	5721 NW 112TH AVE APT 108		
		Address	•
	DORAL FL 33178		
	ARMANDO@ARMANDOTAXES.CC	City/State and Zip Code DM	
	E-mail address: (to be used	d for future annual report notification)	
For further	information concerning this matter, pleas	se call:	
	at (05 803-4427	
	Name of Person A	Area Code Daytime Telephone Number	
Enclosed	is a check for the following amount:		
	0 Filing Fec \$\Bigsim\$	□\$160.00 Filing Fee & □\$160.00 Filing Fee	
ట	Certificate of Status	Certified Copy Certificate of Status &	
Z ~		(2dditional copy is enclosed) Certified Copy (additional copy is enclosed)	ed)
\sim	Mailing Address	Secretary 1.1.1	
<u>~</u> T :	New Filing Section	Street Address New Filing Section Division	
21	Division of Corporations P.O. Box 6327	The Centre of Tallahassee	
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	

H210001129953

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

TROGON THERAPY LLC

Page: 3 of 4

(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:

Principal Office Address:	Mailing Address:
15261 SW 212 ST	15261 SW 212 ST
MIAMI, FL 33187	MIAMI, FL 33187

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:

ADALYS SUAREZ		
	Name	
15261 SW 212 ST		
Florida street addres	s (P.O. Box <u>NOT</u> a	cceptable)
MIAMI	FL	33187
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 agent as provided for in Chapter 605, F.S..

Registered Agent's Signature (REOUIRED)

(CONTINUED)

SECRETARY OF STATE STATE

Page: 4 of 4

ARTICLE IV-

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"MGR" = Manager AMBR ADALYS SUAREZ 15261 SW 212 ST MIAMI. FL 33187 (Use attachment if necessary) (Use attachment if necessary) (Use attachment if necessary) (TICLE V: Effective date, if other than the date of filing:	<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
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