L21000195185

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office Use Only



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INC.

236 East 6th Avenue, Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

| xx | CERTIFIED COPY | |
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| | РНОТОСОРУ | |
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| xx | FILING | LLC |
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2021 MAY -4 PM 4: 57

SECRETARY OF STATE TALL AHASSEE, FLORIN

FLORIDA DEPARTMENT OF STATE Division of Corporations

May 3, 2021

CORPORATE ACCESS

SUBJECT: FLORIDA BIOTECH LLC

Ref. Number: W21000060109

Corrected

We have received your document for FLORIDA BIOTECH LLC and your check(s) totaling \$310.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Neysa Culligan Regulatory Specialist III

Letter Number: 621A00009127

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

2021 MAY -4 AM 8: 48
SECRET AND STATE
TELLY FI

The name of the Limited Liability Company is:

| Florida Biotech LLC | |
|--|--|
| (Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.") | |
| F 11 - Address | |

| ARTICLE II - Address: The mailing address and street a | address of the principal o | office of the Lin | nited Liability Company is: |
|---|----------------------------|------------------------------|--------------------------------|
| Princip | nal Office Address: | | Mailing Address: |
| Florida Biotech LL | С | | Florida Biotech LLC |
| 100 S. Ashley Drive | Suite 600 | | 100 S. Ashley Drive, Suite 600 |
| Tampa, FL 33602 | | | Tampa, FL 33602 |
| The name and the Florida street | Michael Wetzer | . ugv uro. | |
| | Wilesace Weller | Name | |
| | 100 S. Ashley Drive | Suite 600 | |
| | Florida street addres | s (P.O. Box <u>NO</u> | II acceptable) |
| | Tampa | FL | 33602 |
| | 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..

(CONTINUED)

Registered Agent's Signature (REQUIRED)

| Title: | | Name and Address: |
|--|---|--|
| "AMBR" = Author | | |
| "MGR" = Manage MGR | | Andrew Cervasio |
| MOK | | 100 S. Ashley Drive, Suite 600 |
| | | Tampa, FL 33602 |
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| EV: Effective date ctive date is listed f filing.) the date inserted in nent's effective date. VI: Other provisi | e, if other than the date of filing, the date must be specific and this block does not meet the te on the Department of State ons, if any. | ad cannot be more than five business days prior to or 90 applicable statutory filing requirements, this date will not |
| EV: Effective date ctive date is listed filing.) the date inserted in nent's effective date VI: Other provisi | e, if other than the date of filing, the date must be specific and this block does not meet the te on the Department of State ons, if any. | applicable statutory filing requirements, this date will not srecords. |
| ctive date is listed filing.) the date inserted in nent's effective date. EVI: Other provisions REQUIRED SIGN The late. | e, if other than the date of filing, the date must be specific and this block does not meet the te on the Department of State ons, if any. NATURE: /s/ Andrew Ce Signature of a member of is document is executed in acm aware that any false information. | applicable statutory filing requirements, this date will not srecords. |
| E V: Effective date of tive date is listed filing.) the date inserted in tent's effective date. E VI: Other provision of the tent's effective date. The late of the tent's effective date. | this block does not meet the te on the Department of State ons, if any. NATURE: /s/ Andrew Ce Signature of a member of is document is executed in ac m aware that any false informaticutes a third degree felony Andrew | applicable statutory filing requirements, this date will not so records. rvasio r an authorized representative of a member. cordance with section 605.0203 (1) (b). Florida Statutes, action submitted in a document to the Department of State |

Filing Fees:
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

ARTICLE IV-