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Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

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. WORLDWIDE BIOPHARMA LOGISTICS, LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liabil			
WORLDWIDE BIOF	PHARMA LOGISTICS, LLC	<u> </u>	
(Must cor	ntain the words "Limited L	iability Company, "I	L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street	address of the principal of	fice of the Limited L	iability Company is:
Princi	pal Office Address:		Mailing Address:
8601 NW 27TH ST		8601 (NW 27TH ST.
STE: 3	•	STE	3
DORAL, FL 33122		DORA	AL, FL 33122
ARTICLE III - Registered A	gent, Registered Office,	& Registered Agent	's Signature:
ARTICLE III - Registered A (The Limited Liability Compa another business entity with a The name and the Florida stre	ny cannot serve as its own n active Florida registratio	n.)	's Signature: ou must designate an individual or
(The Limited Liability Compa another business entity with a	ny cannot serve as its own n active Florida registratio	n.)	's Signature: ou must designate an individual or
(The Limited Liability Compa another business entity with a	ny cannot serve as its own n active Florida registration et address of the registered	n.)	's Signature: ou must designate an individual or
(The Limited Liability Compa another business entity with a	ny cannot serve as its own n active Florida registration at address of the registered JUAN C. POMPA 8601 NW 27TH ST.	Name STE: 3	
(The Limited Liability Compa another business entity with a	ny cannot serve as its own n active Florida registration at address of the registered JUAN C. POMPA 8601 NW 27TH ST.	n.) I agent are:	
(The Limited Liability Compa another business entity with a	ny cannot serve as its own n active Florida registration at address of the registered JUAN C. POMPA 8601 NW 27TH ST.	Name STE: 3	

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)

2021 MAY 25 AM 10: 43

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Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	JUAN C. MURILLO
MGR	8601 NW 27TH ST. STE: 3
	DORAL, FL 33122
	00/012,72 00/12
MGR	PEDRO COLMENARES
MGR	8601 NW 27TH ST. STE: 3
	DORAL, FL 33122
MGR	JUAN C POMPA
	8601 NW 27TH ST. STE: 3
	DORAL, FL 33122
(Use attachment if necessary)	
(Use attachment if necessary)	oemamoga (opmionial)
CH CAL Difference data if other than the da	ate of filing: 05/24/2021 (OPTIONAL)
CLEAN. Effective data if other than the da	ate of filing: 05/24/2021 (OPTIONAL) specific and cannot be more than five business days prior to or 90 days
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JUAN C POMPA

Typed or printed name of signee