

To: 1850617631 From: 121471131 Date: 07/28/2021 Time: 1:34 AM Page: 1/03

7/28/21

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.

(((H21000287302 3)))



H210002873023ABCZ

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 : LEGALINC CORPORATE SERVICES INC.
Account Number : T20180000011
Phone : (844)386-0178
Fax Number : (214)317-4754

****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.
VaxGenesis, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

((H21000287302 3)))

**ARTICLES OF ORGANIZATION
FOR
VaxGenesis, LLC**

ARTICLE I:

The name of the Limited Liability Company is:

VaxGenesis, LLC

ARTICLE II:

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

**193 N. SHORE DRIVE, UNIT 193-3,
Miami Beach, FL 33141**

ARTICLE III

Registered Agent, Registered Office and Registered Agent's Signature:

**LAUREN KAUFMAN
193 N. SHORE DRIVE, UNIT 193-3,
Miami Beach, FL 33141**

Having been named as registered agent and to accept or 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 608, F.S.

LAUREN KAUFMAN

By: 

**LAUREN KAUFMAN
Registered Agent**

ARTICLE IV

The name and address of each person authorized to manage and control the Limited Liability Company:

((H21000287302 3)))

((H21000287302 3)))

Title:

"AMBR"= Authorized Member
"MGR"= Manager

Name and Address:

AMBR

LAUREN KAUFMAN
193 N. SHORE DRIVE, UNIT 193-3,
Miami Beach, FL 33141

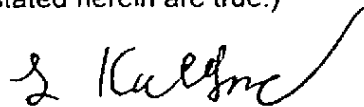
AMBR

ISAAC NARDI
193 N. SHORE DRIVE, UNIT 193-3,
Miami Beach, FL 33141

**ARTICLE V
CONTINUATION AFTER VOLUNTARY TERMINATION**

In the event of termination of the Limited Liability Company due to death, retirement, resignation, bankruptcy or dissolution of a Member or any other event which involuntarily terminates the Limited Liability Company, then in that event, the remaining and/or surviving Members shall be fully entitled to continue the business of the Limited Liability Company provided that 100% of the ownership interests then remaining shall have agreed to do so in writing.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under penalties of perjury that the facts stated herein are true.)



LAUREN KAUFMAN, AMBR



ISAAC NARDI, AMBR

((H21000287302 3)))