

# L21000508237

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(Requestor's Name)

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(City/State/Zip/Phone #)

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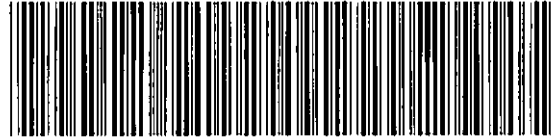
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
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FLORIDA RESEARCH & FILING SERVICES, INC.

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PLEASE FILE THE ATTACHED ARTICLES FOR:

1. VIVUNT PHARMA LLC

PLEASE RETURN A CERTIFIED COPY

CHECK# 9133      FOR: \$155.00

THANK YOU!

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**ARTICLES OF ORGANIZATION OF  
VIVUNT PHARMA LLC**

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**ARTICLE I  
NAME**

The name of this Limited Liability Company shall be VIVUNT PHARMA LLC (the "Company").

**ARTICLE II  
PRINCIPAL OFFICE**

The initial principal office of the Company shall be c/o 8950 SW 74<sup>th</sup> Court, Suite 1901, Miami, FL 33156 and such other place or places as the member from time to time may determine. The mailing address of the Company is c/o 8950 SW 74<sup>th</sup> Court, Suite 1901, Miami, FL 33156.

**ARTICLE III  
INITIAL REGISTERED OFFICE AND  
REGISTERED AGENT**

The initial registered agent of the Company shall be Atrium Registered Agents, Inc. The address of the initial registered agent is 8950 SW 74<sup>th</sup> Court, Suite 1901, Miami, Florida 33156.

**ARTICLE IV  
MANAGEMENT**

The Limited Liability Company is to be managed by one or more managers and is, therefore, a manager – managed company. The name and address of the manager who will serve as manager until the first annual meeting of members or until his successors are elected and qualified is:

Hernán Omar Giovanini  
c/o 8950 SW 74<sup>th</sup> Court, Suite 1901,  
Miami, FL 33156

**ARTICLE V  
DURATION**

The period of duration of the Company shall be perpetual, and the Company shall be in existence until dissolved in a manner provided by law, or as provided in the Operating Agreement.

IN WITNESS WHEREOF, the undersigned has caused these Articles of Organization to be executed on the 1<sup>st</sup> day of December, 2021, effective upon filing same with the Florida Department of State.

BY:



Jose L. Nuñez, Authorized Representative

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is:

VIVUNT PHARMA LLC

2. The name and address of the registered agent and office is:

Atrium Registered Agents, Inc.  
8950 SW 74<sup>th</sup> Court, Suite 1901  
Miami, Florida 33156

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.

ATRIUM REGISTERED AGENTS, INC.

By:   
\_\_\_\_\_  
Jose L. Nuñez, President

Date: December 1, 2021.

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