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SOUTH FLORIDA BIOTECH RESEARCH AND DEVELOPMENT

LLC

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AUTHORIZATION: ABBIE/PAUL HODGE

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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ARTICLE I - Name:

The name of the Limited Liability Company is:

SECRETARY OF STATE

South Florida Biotech Research and Development LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

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

Princi	pal Office Address:		Mailing Address:	
22467 Arcadia Cou	ert	2246	67 Arcadia Court	
Boca Raton, FL 33	Boca Raton, FL 33433		Boca Raton, FL 33433	
The chance Empliny Compan	iy camiot serve as its own	Registered Agent.	You must designate an individual or	
mother business entity with a	active Florida registration active Florida registered	on.)	i ou must designate an murviduat of	
mother business entity with a	active Florida registratio	on.)	Tou must designate an individual of	
mother business entity with a	active Florida registration active Florida registered	on.) d agent are:  Name	Tou must designate an individual of	
another business entity with a	active Florida registration active Florida registered address of the registered Jacob Tokayer	on.) d agent are:  Name		
another business entity with an	active Florida registration active Florida registered address of the registered Jacob Tokayer  22467 Arcadia Court	on.) d agent are:  Name		

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 (REQUIRED)

(CONTINUED)

4	RTI	CI	F 1	IV.

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

**MGR** = Manager    MGR		·	
(Use attachment if necessary)  (OPTIONAL)  (OPTIONAL)  (OPTIONAL)  If the date is listed, the date must be specific and cannot be more than five business days prior to or 90 day of filing)  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be learnent's effective date on the Department of State's records.  CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member or an authorized representative of a member.  This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.	MGR		Jacob Tokayer
(Use attachment if necessary)  (Use attachment if necessary)  (Use attachment if necessary)  (Use attachment if necessary)  (OPTIONAL)  (Gettive date, if other than the date of filling: (OPTIONAL)  (Gettive date is listed, the date must be specific and cannot be more than five business days prior to or 90 day e of filling.)  If the date inserted in this block does not meet the applicable statutory filling requirements, this date will not be learnent's effective date on the Department of State's records.  CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member or an authorized representative of a member.  This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.			22467 Arcadia Court
(Use attachment if necessary)  CLE V: Effective date, if other than the date of filing:  (OPTIONAL)  (Mective date is listed, the date must be specific and cannot be more than five business days prior to or 90 day of filing.)  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be learnent's effective date on the Department of State's records.  CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member or an authorized representative of a member.  This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.			Boca Raton, FL 33433
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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)