

11/14/22, 2:23 PM

**C22000492625**

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.**

(((H22000388332 3)))



H220003883323ABC+

**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 : FILINGS, INC.

Account Number : 072720000101

Phone : (954)791-2100

Fax Number : (954)583-4117

**\*\*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.****NRGN LABORATORIES I, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

2022 NOV 14 PM 3:23

22 NOV 14 PM 12:35

Electronic Filing Menu

Corporate Filing Menu

Help

102

H22000388332

**ARTICLES OF ORGANIZATION  
OF  
NRGN LABORATORIES I, LLC**

**ARTICLE I - NAME**

The name of the limited liability company is NRGN Laboratories I, LLC, ("company").

**ARTICLE II - ADDRESS**

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

Principal Office Address:

2700 North Military Trail, Suite 150  
Boca Raton, Florida 33431

Mailing Address:

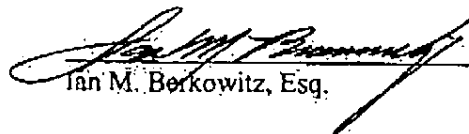
2700 North Military Trail, Suite 150  
Boca Raton, Florida 33431

**ARTICLE III - REGISTERED AGENT,  
REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE**

The name and the Florida street address of the registered agent are:

Ian M. Berkowitz, Esq.  
2700 North Military Trail, Suite 150  
Boca Raton, Florida 33431

*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.*

  
Ian M. Berkowitz, Esq.

22 NOV 14 PM 12:35

H22000388332

H22000388332

#### ARTICLE IV - MANAGERS OR MEMBERS

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

Title:

"MGR" = Manager

"AMBR" = Authorized Member

Name and Address:

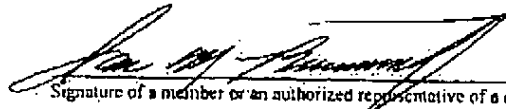
MGR

Iosif Sachakov  
2700 North Military Trail, Suite 150  
Boca Raton, Florida 33431

#### ARTICLE V - OTHER MATTERS

The Company is authorized to perform any and all legal activities as agreed to by its Members.

**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.

Ian M. Berkowitz, Esq.

Typed or printed name of signer

22 NOV 14 PM 12:35  
BLACKSTONE LEGAL SUPPLIES