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.

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To:

Division of Corporations

Fax Number : (850)617-6381

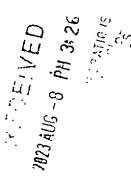
From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 : (305)552-5973 Phone 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:_



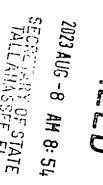
FLORIDA LIMITED LIABILITY CO. UNLIMITED PHARMA RESEARCH, LLC

Certificate of Status	1		
Certified Copy	0		
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limi	ted Liability Cor	npany is:			
	Unlimin	to Ph	CIMA	Respor	h, LC
ARTICLE II - Addres The mailing address a Company is:	s:				
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ARTICLE III - Regist The name and the Flo Company cannot serve as its or with an active Florida registrat	orida street addr vn Registered Agent. Yo non.)	ess of the regis u musi designate on	stered agent individual or and	: APE: (The Limited Li other business entity	ability
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ARTICLE IV The name and title of Liability Company: (1	MGR or AMBR)		-		2023 AL SECRE TALLA
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Required Signatures:

Signature of a member or an authorized representative of a member.

In accordance with section 605.0203 (i) (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.

Typed or printed name of signee

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)