## 124000324082

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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088 If there are any issues please contact Patrice at 850-202-9071

Date:	07/22/2024		
	Patrice Rush		
	2444244		
		UNN BIOTECH, LLC	
Article Amer Chan Reins Conv	es of Incorporation/Auth ndment ge of Agent statement ersion	orization to Transact Business :	2024 JUL 23 65 9: 47
☐ Fictiti	olution/Withdrawal		
Authorized A	Amount: \$125	5.00	

F: 800.944.6607



07/00/0004

115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088 If there are any issues please contact Patrice at 850-202-9071

Date:	122/2024			
Name:	Patrice Rush			
Reference #:	2444244			
		N BIOTECH, LLC		20,2
Articles o  Amendm  Change o  Reinstate  Conversion  Merger  Dissolution  Fictitious	of Incorporation/Authoriza ent of Agent ement on	ition to Transact Business	A LOS SE FL	2024 JUL 23 T.H 9: 47
<u></u>				
Authorized Amo	unt: \$125.00			

F: 800.944.6607

F: +852.2682.9790

## COVER LETTER

Division of Co			
SUBJECT:	DUNN	BIOTECH, LLC	
OBJECT.	Name of Lin	nited Liability Company	<del></del>
The enclosed Articles of	of Organization and fee(s) are	e submitted for filing.	
lease return all corresp	nondence concerning this ma	atter to the following;	
		Frank Dunn	
<del></del>		Name of Person	
<del></del>		Firm/Company	
			23 Jul 23
	18000 1	North Bay Road, Suite 203	
		Address	<u>ن</u> کا
	Si	unny Isles, FL 33160	8 - 5 F. 17
	(	City/State and Zip Code	9:
		nkfdunn@gmail.com	
	E-mail address: (to be used	for future annual report notification	on)
r further information c	concerning this matter, pleas	e call:	
F	rank Dunn at (	212 ) 258-07	29
Na	me of Person A	rea Code Daytime Telephone	e Number
nclosed is a check for	the following amount:		
3125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	ing Address	Street Address	
	Filing Section sion of Corporations	New Filing Section Division of Corporation	ons
P.O.	Box 6327	Clifton Building	
Talla	ihassee, FL 32314	2661 Executive Cente	er Circle

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	DUNN	BIOTECH, LLC		
(Must conta	in the words "Limited Lia	bility Company, "L.L.C	C.," or "LLC.")	
RTICLE II - Address: ne mailing address and street ad	dress of the principal offic	ce of the Limited Liabil	ity Company is:	
Princips	al Office Address:		Mailing Address:	
18000 N. B	ay Road, Ste 203	180	00 N. Bay Road, Ste 203	3
RTICLE III - Registered Age	cannot serve as its own Re	Registered Agent's Si	Sunny Isles, FL 33160 gnature: oust designate an individual	l or
RTICLE III - Registered Age The Limited Liability Company nother business entity with an a	nt, Registered Office, & cannot serve as its own Roctive Florida registration.)	Registered Agent's Si egistered Agent. You m ) gent arc:	gnature: pust designate an individual	12 ; 1 :
RTICLE III - Registered Age The Limited Liability Company nother business entity with an a	nt, Registered Office, & cannot serve as its own Roctive Florida registration.)	Registered Agent's Si egistered Agent, You m ) gent are: Frank Dunn	gnature: pust designate an individual	: <u>.</u> : :::
RTICLE III - Registered Age The Limited Liability Company nother business entity with an a	nt, Registered Office, & cannot serve as its own Roctive Florida registration.) address of the registered as	Registered Agent's Si egistered Agent. You m ) gent arc:	gnature: eust designate an individual	: <u>.</u> : :::
RTICLE III - Registered Age The Limited Liability Company nother business entity with an a	nt, Registered Office, & cannot serve as its own Roctive Florida registration.) address of the registered as	Registered Agent's Si egistered Agent. You m ) gent are: Frank Dunn Name rth Bay Road, Suite 2	gnature: pust designate an individual	1 <u>4</u> 1 :
RTICLE III - Registered Age he Limited Liability Company other business entity with an a	nt, Registered Office, & cannot serve as its own Rective Florida registration.) address of the registered ag	Registered Agent's Si egistered Agent. You m ) gent are: Frank Dunn Name rth Bay Road, Suite 2	gnature: pust designate an individual	

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)

"AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR	Frank Dunn
	18000 North Bay Road, Suite 203 Sunny Isles, FL 33160
	Sunity Isles, FL 33100
(Use attachment if necessary)	
(Osc attachment it necessary)	51-0034 (OPTIONAL)
E V: Effective date, if other than the date of f	ic and cannot be more than five business days prior to or 90 da
ective date is listed, the date must be specified	ic and cannot be more than five business days prior to or 90 da
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ective date is listed, the date must be specification.) The date inserted in this block does not meet ment's effective date on the Department of SE VI: Other provisions, if any.  REQUIRED SIGNATURE:	the applicable statutory filing requirements, this date willing state's records.
ective date is listed, the date must be specification.)  The date inserted in this block does not meet ment's effective date on the Department of SE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a memb This document is executed I am aware that any false in	the applicable statutory filing requirements, this date willing the State's records.  7 3 5 2  Deer or an authorized representative of a member. in accordance with section 605.0203 (1) (b), Florida Statutes, formation submitted in a document to the Department of State
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REQUIRED SIGNATURE:  Signature of a memb This document is executed I am aware that any false in constitutes a third degree fe	the applicable statutory filing requirements, this date willing the State's records.  7 3 5 2  Deer or an authorized representative of a member. in accordance with section 605.0203 (1) (b), Florida Statutes, formation submitted in a document to the Department of State
REQUIRED SIGNATURE:  Signature of a memb This document is executed I am aware that any false in constitutes a third degree fe	fic and cannot be more than five business days prior to or 90 days to the applicable statutory filing requirements, this date willing the State's records.  7 30 2  Deer or an authorized representative of a member. in accordance with section 605,0203 (1) (b), Florida Statutes, formation submitted in a document to the Department of State clony as provided for in s.817.155, F.S.  FRANK DUNN

ARTICLE IV-