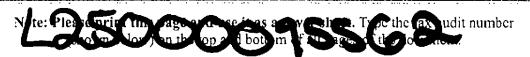
Florida Department of State

Division of Corporations Electronic Filing Cover Sheet



(((11250000838373)))



H250000838373ABC3

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. annual report mailings. Enter only one email address please. **

Email	Address:			

FLORIDA LIMITED LIABILITY CO. FLORIDA GENOME INSTITUTE, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	FLORI	DA GENOME I	NSTITUTE, LLC	
(Must con	tain the words "Limited Lial	bility Company,	"L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street a	address of the principal offic	e of the Limited	Liability Company is:	
<u>Princi</u>	Principal Office Address:		Mailing Address:	
9408 SW 87TH AV	9408 SW 87TH AVENUE SUITE 104		9408 SW 87TH AVENUE SUITE 104	
	MIAMI, FL 33176		MIAMI, FL 33176	
ARTICLE III - Registered Ag The Limited Liability Compan another business entity with an	y cannot serve as its own Re active Florida registration.)	Registered Ager gistered Agent.		
ARTICLE III - Registered Ag	y cannot serve as its own Re active Florida registration.) address of the registered ag	Registered Ager gistered Agent. '	it's Signature:	
ARTICLE III - Registered Ag The Limited Liability Compan another business entity with an	y cannot serve as its own Re active Florida registration.) address of the registered ag	Registered Ager gistered Agent.	it's Signature:	
ARTICLE III - Registered Ag The Limited Liability Compan another business entity with an	y cannot serve as its own Re active Florida registration.) address of the registered ag	Registered Ager gistered Agent. ' ent are: MP, LLC 'ame	it's Signature:	
ARTICLE III - Registered Ag The Limited Liability Compan another business entity with an	y cannot serve as its own Re active Florida registration.) address of the registered ag BIZCA:	Registered Ager gistered Agent. ' ent are: MP, LLC ame	it's Signature: You must designate an individual o	
ARTICLE III - Registered Ag The Limited Liability Compan another business entity with an	y cannot serve as its own Re active Florida registration.) address of the registered ag BIZCA: N 7950 NW 53RD STREE	Registered Ager gistered Agent. ' ent are: MP, LLC ame	it's Signature: You must designate an individual o	

 $further\ agree\ to\ comply\ with\ the\ provisions\ of\ all\ statutes\ relating\ to\ the\ proper\ and\ complete\ performance\ of\ my\ duties,\ and\ I$ am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

> Yosit J Campo Registered Agent's Signature (REQUIRED)

> > (CONTINUED)

SECRETARY OF STATE TALLAHASSEE, FL

r To: ₹k

<u>Title:</u> "AMBR" = Authorized Mcmber "MGR" = Manager	Name and Address:
MGR	BIZCAMP, LLC
	7950 NW 53RD STREET SUITE 337 DORAL, FL 33166
	DOIG 15. 115. 33 100
	
	
	-
	'
 	
f an effective date is listed, the date must be ne date of filing.)	date of filing:
ARTICLE VI: Other provisions, if any. ANY AND ALL LAWFUL BUSINESS	
REQUIRED SIGNATURE:	Yesit J Campo
This document is ex I am aware that any i	a member or an authorized representative of a member, ecuted in accordance with section 605.0203 (1) (b), Florida Statutes, false information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S.
VECIT LCAI	MPO (5
YESIT J CAI	Typed or printed name of signee

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)

025 HAR - 5 PH 4: 23 ECRETARY OF STATE TALLAHASSEE, FL