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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : CG TAX, INC.
Account Number : I19990000017
Phone : (305)485-9300
Fax Number : (305)485-1098

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**FLORIDA LIMITED LIABILITY CO.
BIO SCIENCE GROUP LLC**

Certificate of Status	0
Certified Copy	1
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FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

2025 JUN -9 PM 12:21 2025 JUL -9 AM 12:41

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY
OF**

BIO SCIENCE GROUP LLC

ARTICLE I - NAME

The name of the Limited Liability Company is:

BIO SCIENCE GROUP LLC

ARTICLE II - ADDRESS

The principal office of the Limited Liability Company is:

**1878 Crain Creek BLVD
MELBOURNE FL 32940**

The mailing address shall be:

**1878 Crain Creek BLVD
MELBOURNE FL 32940**

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

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

HADEE SULEIMAN
1878 Crain Creek BLVD
Florida Street address (P.O. BOX NOT acceptable)
MELBOURNE FL 32940
City, State, and Zip

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.

Hadee Suleiman
REGISTERED AGENT'S SIGNATURE

ARTICLE IV- MANAGEMENT

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager-managed company.

HADEE SULEIMAN
1878 Crain Creek BLVD
MELBOURNE FL 32940

AMBR

DAVID SULEIMAN
1878 Crain Creek BLVD
MELBOURNE FL 32940

MGR

Hadee Suleiman

Signature of a member or an authorized representative of a member.
(In accordance with section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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