

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

M220000/2573

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.

((H22000272119 3)))



H220002721193ABC-

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)617-6383

From:

Account Name : UNITED AGENT GROUP INC.
Account Number : 120160000086
Phone : (561)508-5033
Fax Number : (561)694-1639

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

Email Address: _____

Foreign Limited Liability Company

BioSector 2 LLC

Certificate of Status	1
Certified Copy	0
Page Count	047
Estimated Charge	\$130.00

Electronic Filing Menu

Corporate Filing Menu

Help

K. SALY

AUG 12 2022

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS
IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. BioSector 2 LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. New York
(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____
(FEI number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. _____
(Street Address of Principal Office)

6. _____
(Mailing Address)

200 Vesey Street, MC: 01-40-001

200 Vesey Street, MC: 01-40-001

New York NY 10281

New York NY 10281

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: United Agent Group Inc.

Office Address: 801 US Highway 1

North Palm Beach, Florida 33408
(City) (Zip code)

Registered agent's acceptance:

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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Carol Pettine
(Registered agent's signature) Carol Pettine, Special Secretary

FILED
2022 AUG 11 PM 4:14
TALLAHASSEE, FLORIDA

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage (up to six (6) total):

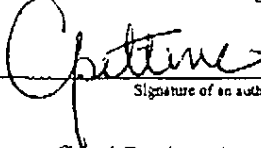
<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>Syneos Health Public Relations Holding, LLC</u>	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: <u>200 Vesey Street, MC: 01-40-001</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>New York NY 10281</u>	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

FILED
2022 AUG 11 PM 4:14
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. 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.



Signature of an authorized person

Carol Pettine, Attorney-in-Fact

Typed or printed name of signee

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

FILED
2022 AUG 11 PM 4:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, ROBERT J. RODRIGUEZ, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name: BIOSECTOR 2 LLC
DOS ID Number: 2777961
Entity Type: DOMESTIC LIMITED LIABILITY COMPANY
Entity Status: EXISTING
Date of Initial Filing with DOS: 06/12/2002
Statement Status: CURRENT
Statement Due Date: 06/30/2024

I certify that the following is a list of documents on file in the Department of State for said entity:

Document Type: ARTICLES OF ORGANIZATION
Date of Filing: 06/12/2002
Entity Name: SECTOR 2 LLC

Document Type: CERTIFICATE OF AMENDMENT
Date of Filing: 06/17/2002
Name Changed To: BIOSECTOR 2 LLC

Document Type: AFFIDAVIT OF PUBLICATION
Date of Filing: 09/23/2002

Document Type: AFFIDAVIT OF PUBLICATION
Date of Filing: 09/23/2002

Document Type: BIENNIAL STATEMENT
Date of Filing: 06/04/2004
Effective Date: 06/01/2004

Document Type: BIENNIAL STATEMENT
Date of Filing: 06/02/2006
Effective Date: 06/01/2006

Document Type: BIENNIAL STATEMENT
Date of Filing: 06/26/2008
Effective Date: 06/01/2008

Document Type: CERTIFICATE OF CHANGE
Date of Filing: 11/09/2009

Document Type: BIENNIAL STATEMENT
Date of Filing: 09/14/2010
Effective Date: 06/01/2010

Document Type: BIENNIAL STATEMENT
Date of Filing: 06/29/2012
Effective Date: 06/01/2012

Document Type: CERTIFICATE OF CHANGE
Date of Filing: 01/06/2014

Document Type: BIENNIAL STATEMENT
Date of Filing: 06/30/2014
Effective Date: 06/01/2014

Document Type: BIENNIAL STATEMENT
Date of Filing: 06/14/2016
Effective Date: 06/01/2016

FILED
2022 AUG 11 PM 4:15
CLERK OF DISTRICT COURT
TALMADGE COUNTY, FLORIDA

Document Type: CERTIFICATE OF CHANGE
Date of Filing: 06/14/2018

Document Type: BIENNIAL STATEMENT
Date of Filing: 06/29/2018
Effective Date: 06/01/2018

Document Type: BIENNIAL STATEMENT
Date of Filing: 06/11/2020
Effective Date: 06/01/2020

Document Type: CERTIFICATE OF CHANGE
Date of Filing: 02/11/2021

Document Type: CERTIFICATE OF CHANGE
Date of Filing: 03/01/2021

Document Type: BIENNIAL STATEMENT
Date of Filing: 06/02/2022
Effective Date: 06/01/2022

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

2022 AUG 11 PM 4:15

FILED

FILED
2022 AUG 11 PM 4:15
JULIUS ROBERT RODRIGUEZ
TALLAHASSEE, FLORIDA

Above space is left blank intentionally.

No information is available from this office regarding the financial condition, business activity or practices of this entity.

WITNESS my hand and official seal of the Department
of State, at the City of Albany, on August 11, 2022 at
10:28 A.M.

ROBERT J. RODRIGUEZ, Secretary of State



Brendan C. Hughes

By Brendan C. Hughes
Executive Deputy Secretary of State

Authentication Number: 100002013323 To Verify the authenticity of this document you may access the
Division of Corporation's Document Authentication Website at <http://ecorp.dos.ny.gov>