

M24000013945

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

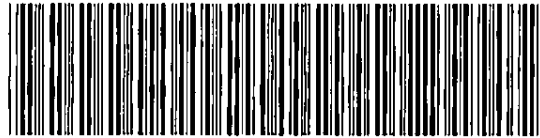
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

W24-78927

Office Use Only



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05/02/21--01020--022 **100.00

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MAY 01 2024

11/04/24--01003--003 **25.00

APPROVED
AND
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2024 NOV - 1 AM 8:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOV 11 2024

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 23, 2024

~~NICOLE KOPYTKO~~
~~3801 AVALON PARK E. BLVD STE. 400~~
~~ORLANDO, FL 32828 US~~

SUBJECT: BIOCENTURION, LLC
Ref. Number: W24000078927

Corporate Access, Inc.

We have received your document for BIOCENTURION, LLC and check(s) totaling \$100.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Ariel Jones
Regulatory Specialist II

Letter Number: 524A00011307

RECEIVED
2024 NOV - 1 AM 11:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BioCenturion, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Nicole Kopytko

Name of Person

Avalon Park Group Management

Firm/Company

3801 Avalon Park E. Blvd Ste. 400

Address

Orlando, FL 32828

City/State and Zip Code

nicolek@avalonparkgroup.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Marybel Defillo

407

658-6565

at ()

Name of Contact Person

Area Code

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☐ \$160.00 Filing Fee, Certificate
of Status & Certified Copy

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. BioCenturion, 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. Delaware 99-1728588
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. April 1, 2024
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 3801 Avalon Park E. Blvd Ste 400 3801 Avalon Park E. Blvd Ste 400
(Street Address of Principal Office) (Mailing Address)
Orlando, FL 32828 Orlando, FL 32828

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

Name: Marybel Deillo
Office Address: 3801 Avalon Park E. Blvd. Ste 400
Orlando, Florida 32828
(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.

Marybel Deillo
(Registered agent's signature)

APPROVED
AND
FILED
2024 NOV - 1 AM 8:36
CLERK OF STATE
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):

Title or Capacity: Name and Address:

☐ Manager Name: Beat Kahli
☐ Member Address: 3801 Avalon Park E. Blvd 400
☐ Authorized Orlando, FL 32828

Person _____
☒ Other CEO ☐ Other _____

Title or Capacity: Name and Address:

☒ Manager Name: Pat Lavelle
☐ Member Address: Avalon Park E. Blvd 400
☐ Authorized Orlando, FL 32828

Person _____
☐ Other _____ ☐ Other _____

☐ Manager Name: Marybel Defillo
☐ Member Address: 3801 Avalon Park E. Blvd 400
☐ Authorized Orlando, FL 32828

Person _____
☒ Other VP ☐ Other _____

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____

Person _____
☐ Other _____ ☐ Other _____

☐ Manager Name: Cynthia Novoa
☐ Member Address: 3801 Avalon Park E. Blvd 400
☐ Authorized Orlando, FL 32828

Person _____
☒ Other Sec ☐ Other _____

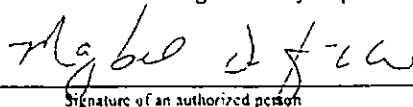
☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____

Person _____
☐ Other _____ ☐ Other _____

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

Marybel Defillo

Typed or printed name of signer

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BIOCENTURION, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRTY-FIRST DAY OF OCTOBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BIOCENTURION, LLC" WAS FORMED ON THE TWENTY-EIGHTH DAY OF FEBRUARY, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.



3181221 8300

SR# 20244098197

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 204770305

Date: 10-31-24