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To:
Division of Corporations
Fax Number : (850)205-0383

From:
Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305)634-3694
Fax Number : (305)633-9696

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DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

pharmaxpress, l.l.c.

Certificate of Status	0
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ARTICLES OF ORGANIZATION FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - NAME:

The name of the Limited Liability Company is:
PHARMAXPRESS, L.L.C.

ARTICLE II - ADDRESS:

The mailing address and street address of the principal office of the limited Liability Company is:

11000 N.W. 32nd Avenue
Miami, Florida 33167

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

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

LEA A. SALAMA DIMITRI, P.A.
888 Southeast Third Avenue
Suite # 400
Fort Lauderdale, Florida 33316

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 608, F.S..

Lea Salama Dimitri, Registered Agent

ARTICLE IV: MANAGEMENT

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

- Elias Salama - Managing Member
- Alberto M. Salama - Member
- Samuel Salama - Member

Elias Salama, Manager- Member

(In accordance with section 608.408(2), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

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TALLAHASSEE, FLORIDA

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