

L070000002615

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer
[Handwritten Signature] (19)

Office Use Only



000082478430

07 JAN -8 AM 9:31
FILED
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2007 JAN -8 PM 4:25
TO BE RETURNED
TO AGENCY OF FILING
SUFFICIENCY OF FILING



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032
REFERENCE : 702639 4303940
AUTHORIZATION :
COST LIMIT : \$ 150

FILED
07 JAN - 8 AM 9:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Spencer

180

ORDER DATE : January 8, 2007
ORDER TIME : 2:33 PM
ORDER NO. : 702639-095
CUSTOMER NO: 4303940

DOMESTIC FILING

NAME: NAVARRO DISCOUNT PHARMACIES
NO. 19, LLC

EFFECTIVE DATE:

 ARTICLES OF INCORPORATION
 CERTIFICATE OF LIMITED PARTNERSHIP
XXX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
XXX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Harry B. Davis - EXT. 2926

EXAMINER'S INITIALS: _____

Certification of Conversion
For
"Other Business Entity"
Into
Florida Limited Liability Company

FILED
07 JAN - 8 AM 9:31
TALLAHASSEE FLORIDA

This Certification of Conversion and attached Articles of Organization are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with Section 608.439, Florida Statutes.

P0200005085

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is Navarro Discount Pharmacies No. 19, Inc.
2. The "Other Business Entity" is a corporation incorporated under the laws of the State of Florida on May 8, 2002.
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization is Navarro Discount Pharmacies No. 19, LLC.
4. This Certificate of Conversion is effective as of the date of filing.

Signed this 8 day of January, 2007.

Signature of Authorized Person: _____

Printed Name: Jose Navarro

Title: President

**ARTICLES OF ORGANIZATION
For
Florida Limited Liability Company**

FILED
07 JAN -8 AM 9:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Article I

The name of the Limited Liability Company is **Navarro Discount Pharmacies No. 19, LLC**

Article II

The street address of the principal office of the Limited Liability Company is:

775 WEST 49th St., Suite #1
Hialeah, FL 33012

The mailing address of the Limited Liability Company is:

9400 NW 104 Street
Miami, Florida 33178

Article III

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

Martin Pico
9400 NW 104 Street
Miami, Florida 33178

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.

Registered Agent Signature: _____

Martin Pico

Signature of member or an authorized representative of a member:

Signature: _____

Jorge Navarro, President