

L07000102060

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

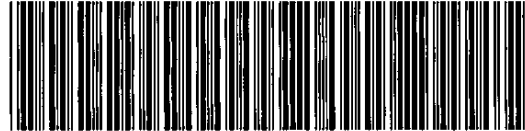
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

[Handwritten signature]

Office Use Only



400109927394

10/08/07--01017--006 **130.00

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

07 OCT -8 AM 11:48

RECEIVED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07 OCT -8 PM 1:33

FILED

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: DRUG BOX, LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mark T. Haney

(Name of Person)

Pennington Law Firm

(Firm/Company)

215 South Monroe Street, 2nd Floor

(Address)

Tallahassee, FL 32301

(City/State and Zip Code)

FILED
07 OCT -8 PM 1:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Mark Haney

(Name of Person)

at (**850**) **222-3533**

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION

OF

DRUG BOX, LLC

FILED
07 OCT -8 PM 1:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned, pursuant to the provisions of Chapter 608 of the Florida Statutes (the "Florida Limited Liability Company Act"), for the purpose of forming a Limited Liability Company under the laws of the State of Florida do set forth the following:

1. NAME.

The name of the Limited Liability Company DRUG BOX, LLC (hereinafter referred to as the "Company").

2. MAILING ADDRESS AND STREET ADDRESS OF PRINCIPAL OFFICE.

The mailing address and street address of the place of business in Florida for the Company is 3334 Capital Medical Boulevard, Tallahassee, Florida, 32308. Such address may be changed from time to time as provided in the Operating Agreement.

3. REGISTERED AGENT.

The initial registered agent in Florida for the Company is: Mark T. Haney, and the initial registered office is located at 215 S. Monroe Street, Second Floor, Tallahassee, Florida, 32312.

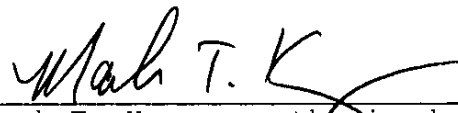
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all 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.


Registered Agent's Signature

4. MANAGEMENT.

The management of the Company shall be reserved to the Members.

Executed at Tallahassee, Florida, on the 8th day of October, 2007.

By: 
Mark T. Haney, authorized representative for Martin Shipman, Member

STATE OF FLORIDA

COUNTY OF LEON

The foregoing instrument was acknowledged before me this 8 day of October, 2007, by Mark T. Haney as authorized representative of Martin Shipman, a member of DRUG BOX, LLC, a Florida limited liability company, on behalf of the company. He/she is personally known to me or has produced _____ as identification.

Renee C. Traynor
NOTARY PUBLIC - STATE OF FLORIDA

(SEAL)

Print, Type or Stamp Name of Notary
Public

