FROM : LAZARUS CHILAZARUS CHILAZA

Florida Department of State Division of Corporations Public Access System

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Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number: 120000000019
Phone: (305)552-5973

Fax Number : (305)220-1440

Fax Number : (305)220-1440

FLORIDA/FOREIGN LIMITED LIABILITY CO.

EMPIRE PHARMACY CONSULTANTS INTERNET SERVICES LLC

	<u>.</u>
Certificate of Status	0
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T. HAMPTON

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ARTICLE I - Name:	,	
The name of the Limited Liability Company i	ìs:	•
EMPIRE PHARMACY (Must end with the words "Limited Lin	LOANUTANTS INTERNET SERVICES shifty Company, "LLC." or "LLC.")	5 4
ARTICLE II - Address:		
The mailing address and street address of the	principal office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
247 84 ST #218	247 8K 5T	
	# 218 MIAMI FL 33130	
MIAM 1 FL 33130	<u> MIAMI FL 33130</u>	
MICHAEL L Nam	HEN	
•		
31 SE 54 S	T #200Z	
3/ SE SH S Florida street a	address (P.O. Box NOT acceptable)	
3/ SE SH S Florida street a	T #200Z	
3/ SE SK S Florida street a MIAMI City, State	address (P.O. Box NOT acceptable)	
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3/ SE SK S Florida street a M \ AM\) City, State Having been named as registered agent and to liability company at the place designated in registered agent and agree to act in this capac	address (P.O. Box NOT acceptable) FL 33/3 c, and Zip to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as city. I further agree to comply with the provisions of all	
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<u>Title;</u>	Name and Address:	
"MGR" = Manager		
"MGRM" = Managing Member	r	
m C 0 04	m A	
MGRM	MICHAEL LHEN 247 RK St #218	_
		-
	_ MIAMO FL 3313D	_
MGRM	Naway Nur	
	247 84 54 #218	_
	m18M1 F1 3313D	-
marm		
TILL KIVI	EMERSUN CARMINIA	_
	WIAMI F1 33)80	-
•		_
MGRM	THOMAS VENABLE JR	
	242 8K St #518	
	MIAMU F1 33130	
(Use attachment if necessary)	OPTE	ONIAYI
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