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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

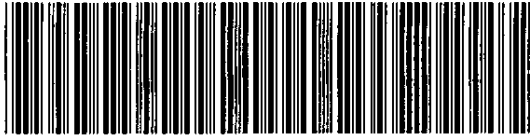
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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MEDICAL ARTS PHARMACY OF SARASOTA, 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:

MICHAEL J. SABA, ESQ

(Name of Person)

SABA & SABA, ATTORNEYS AT LAW

(Firm/Company)

240 S PINEAPPLE AVE, SUITE 702

(Address)

SARASOTA, FL 34236

(City/State and Zip Code)

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For further information concerning this matter, please call:

MICHAEL J. SABA

(Name of Person)

at (**941**) **365-9400**

(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 FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I – NAME

The name of the Limited Liability Company is:
MEDICAL ARTS PHARMACY OF SARASOTA, LLC

ARTICLE II – ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is:
6785 Erica Lane
Sarasota, FL 34241

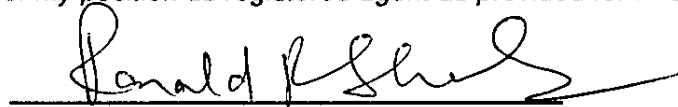
ARTICLE III – REGISTERED AGENT AND OFFICE

The name and the Florida street address of the registered agent is:
Ron Shah
6785 Erica Lane
Sarasota, FL 34241

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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

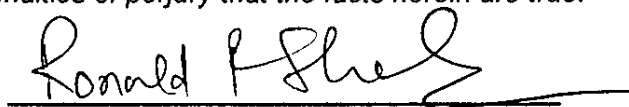
ARTICLE IV – MANAGEMENT

The Limited Liability Company is to be managed by one or more of its members, and is therefore a member-managed company. The name and address of each Managing Member is:

MGRM: Ron Shah
6785 Erica Lane
Sarasota, FL 34241

REQUIRED SIGNATURE:

In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts herein are true.



RON SHAH, Managing Member

4/9/2009

4/7/2009
Date

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