

LD9000085415

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L. SELLERS
SEP -8 2009
EXAMINER

FLORIDA/FOREIGN LIMITED LIABILITY CO.

Sims Pharmacy, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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**ARTICLES OF ORGANIZATION
OF
Sims Pharmacy, LLC**

ARTICLE I NAME

The name of the limited liability company shall be: Sims Pharmacy, LLC

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be:
2742A Gulf Breeze Parkway, Gulf Breeze, Florida 32563.

ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the initial registered agent is: Sharon Sims, 20 McLane Road, Gulf Breeze, Florida 32561. Located in the County of Santa Rosa.

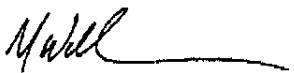
ARTICLE IV DURATION

The duration for the limited liability company shall be: Perpetual.

ARTICLE V MANAGERS/MEMBERS

The management of the limited liability company is reserved for the Members and the name and address of the member of the Limited Liability Company is:

Sharon Sims, 20 McLane Road, Gulf Breeze, Florida 32561



Date: August 27, 2009

Business Filings Incorporated, Organizer
Mark Williams, A.V.P.
Authorized Representative

Prepared by Mark Williams, Business Filings Incorporated, 8040 Excelsior Dr., Suite 200, Madison, WI 53717
(608) 827-5300

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED COMPANY, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

The name of the limited liability company is: Sims Pharmacy, LLC

The name and address of the registered agent and office is Sharon Sims, 20 McLane Road, Gulf Breeze, Florida 32561. Located in the County of Santa Rosa.

Having been named as registered agent and to accept service of process for the above stated 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.

Signature: Sharon Sims
Sharon Sims

Date: 8/28/09

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