

211000014947

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

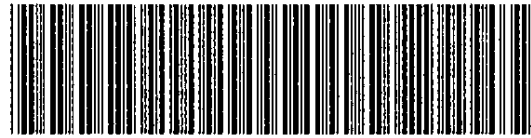
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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11 FEB - 3 PM 11:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. BRUCE  
FEB 04 2011  
EXAMINER

**JAMES R. FLANICK**  
**10840 Japonica Court**  
**Boca Raton, Florida 33498**

January 25, 2011

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

SUBJECT: Hourglass Rx Distribution, LLC

To Whom It May Concern:

The Enclosed Articles of Organization and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

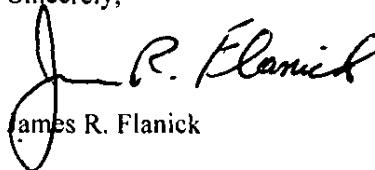
James R. Flanick  
Hourglass Rx Distribution, LLC  
10840 Japonica Court  
Boca Raton, Florida 33498  
[Jflanick21@comcast.net](mailto:Jflanick21@comcast.net)

For further information concerning this matter, please call: **James R. Flanick** at 972-832-5392.

Enclosed is a check in the amount of \$125.00 made payable to the Florida Department of State to cover the Filing Fee.

Thank you very much for your attention to this matter.

Sincerely,

  
James R. Flanick

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11 FEB - 3 PM 1:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION FOR HOURGLASS PHARMACEUTICALS, LLC**

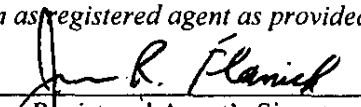
**ARTICLE I - Name:** The name of the Limited Liability Company is Hourglass Rx Distribution, LLC

**ARTICLE II - Address:** The mailing address and street address of the principal office of Hourglass Rx Distribution, LLC is 6035 Sea Ranch Drive, Suite 904, Hudson, Florida 34667.

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:** The name and the Florida street address of the registered agent are:

James R. Flanick  
10840 Japonica Court  
Boca Raton, Florida 33498

*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.*

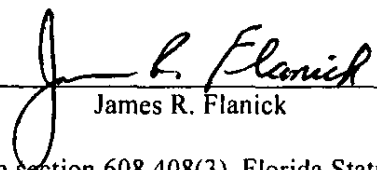
  
\_\_\_\_\_  
Registered Agent's Signature

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u>	<u>Name and Address:</u>
Managing Member	James R. Flanick 10840 Japonica Court Boca Raton, Florida 33498
Managing Member	Robert Verscharen 6035 Sea Ranch Drive Suite 904 Hudson, Florida 34667

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**SIGNATURE:**   
\_\_\_\_\_  
James R. Flanick

(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 stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)