

W06000081308

(Requestor's Name)

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(City/State/Zip/Phone #)

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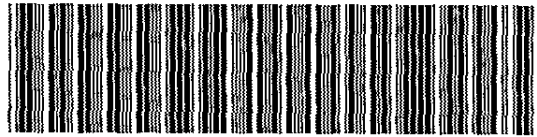
(Business Entity Name)

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W06-81308  
AL

CORPDIRECT AGENTS, INC. (formerly CCRS)  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301  
222-1173

FILING COVER SHEET  
ACCT. #FCA-14

CONTACT: TRACY SPEAR

DATE: 08/16/06

REF. #: 000380.56220

CORP. NAME: CAREPHARMA, LLC

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION   | <input type="checkbox"/> ARTICLES OF AMENDMENT  | <input type="checkbox"/> ARTICLES OF DISSOLUTION      |
| <input type="checkbox"/> ANNUAL REPORT               | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME              |
| <input type="checkbox"/> FOREIGN QUALIFICATION       | <input type="checkbox"/> LIMITED PARTNERSHIP    | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT               | <input type="checkbox"/> MERGER                 | <input type="checkbox"/> WITHDRAWAL                   |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION |   |   |
| <input type="checkbox"/> OTHER:                      |   |   |

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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STATE FEES PREPAID WITH CHECK# 518165 FOR \$ 155.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

\_\_\_\_\_ COST LIMIT: \$ \_\_\_\_\_

PLEASE RETURN:

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| <input checked="" type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS     |   |   |

Examiner's Initials

**ARTICLES OF ORGANIZATION  
OF  
CAREPHARMA, LLC**

The undersigned authorized representative of **CarePharma, LLC**, under Section 608.407 of the Florida Limited Liability Company Act, hereby adopts the following Articles of Organization:

**ARTICLE I - NAME**

The name of this limited liability company (the "Company") is CarePharma, LLC.

**ARTICLE II - ADDRESS**

The mailing and street address of the principal office of the Company shall be 2151 LeJeune Road, Suite 307, Coral Gables, FL 33134.

**ARTICLE III - REGISTERED AGENT AND REGISTERED OFFICE**

The street address of the Company's registered office shall be c/o Kirkpatrick & Lockhart Nicholson Graham LLP, 201 South Biscayne Blvd., 20<sup>th</sup> Floor, Miami, Florida 33131, and the registered agent for the Company at that address shall be Martin T. Schrier.

**ARTICLE IV - MANAGING MEMBER**

The name and address of the Managing Member of the Company is as follows:

Pablo L. Cejas	2151 LeJeune Road, Suite 307
	Coral Gables, FL 33134

**IN WITNESS WHEREOF**, the undersigned has executed these Articles of Organization this 16th day of August, 2006.

  
\_\_\_\_\_  
Martin T. Schrier, Authorized Representative

**CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/OFFICE  
OF  
CAREPHARMA, LLC**

PURSUANT TO THE PROVISIONS OF SECTIONS 608.407 AND 608.415, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/ REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is **CarePharma, LLC**.
2. The name and address of the registered agent and office is Martin T. Schrier, c/o  
Kirkpatrick & Lockhart Nicholson Graham LLP, 201 S. Biscayne Blvd., 20<sup>th</sup> Floor,  
Miami, Florida 33131.

*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, Florida Statutes.*

*Dated this 16th day of August, 2006.*



Martin T. Schrier, Registered Agent

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