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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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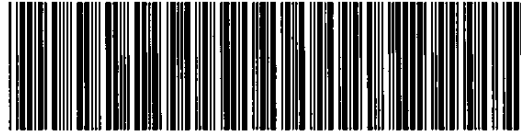
(Business Entity Name)

(Document Number)

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

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CORPORATION SERVICE COMPANY

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ACCOUNT NO. : 072100000032

REFERENCE : 702639 4303940

AUTHORIZATION :

COST LIMIT : \$ ~~150~~

*[Handwritten signature]*

180

ORDER DATE : January 8, 2007

ORDER TIME : 2:27 PM

ORDER NO. : 702639-040

CUSTOMER NO: 4303940

DOMESTIC FILING

NAME: NAVARRO AND SON PHARMACY AND  
DISCOUNT, LLC

EFFECTIVE DATE:

       ARTICLES OF INCORPORATION  
       CERTIFICATE OF LIMITED PARTNERSHIP  
XXX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XXX CERTIFIED COPY  
XXX PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Harry B. Davis - EXT. 2926

EXAMINER'S INITIALS: \_\_\_\_\_

**Certification of Conversion**  
For  
**"Other Business Entity"**  
Into  
**Florida Limited Liability Company**

This Certification of Conversion and attached Articles of Organization are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with Section 608.439, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is Navarro and Son Pharmacy and Discount, Inc.

2. The "Other Business Entity" is a corporation incorporated under the laws of the State of Florida on March 24, 1987.

3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization is Navarro Discount Pharmacies No. 5, LLC.

4. This Certificate of Conversion is effective as of the date of filing.

Signed this 8 day of January, 2007.

Signature of Authorized Person: \_\_\_\_\_

Printed Name: Jose Navarro

Title: President

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**ARTICLES OF ORGANIZATION**  
**For**  
**Florida Limited Liability Company**

**Article I**

The name of the Limited Liability Company is Navarro Discount Pharmacies No. 5, LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:

4410 West 16 Ave.  
Hialeah, FL 33016

The mailing address of the Limited Liability Company is:

9400 NW 104 Street  
Miami, Florida 33178

**Article III**

The name and Florida street address of the registered agent is:

Martin Pico  
9400 NW 104 Street  
Miami, Florida 33178

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.

Registered Agent Signature: \_\_\_\_\_

Martin Pico

Signature of member or an authorized representative of a member:

Signature: \_\_\_\_\_

Jose Navarro, President

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