

LO1000017184  
HARMALON, PLC.

*off 9/10*  
Name : LISA GHALY

*9/14*  
Address: 5328 Plantation Vista Way  
Lakeland, FL 33813-3080

Tel. : (863) 398-3889

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FILED  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

September 19, 2001

LISA GHALY  
5328 PLANTATION VISTA WAY  
LAKELAND, FL 33813-3080

SUBJECT: PHARMACON, PLC  
Ref. Number: W01000021719

We have received your document for PHARMACON, PLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on September 14, 2001. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Michelle Hodges  
Document Specialist

Letter Number: 401A00052405

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

PHARMACON, PLC.

## ARTICLE II - Address:

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

5328 Plantation Vista Way  
Lakeland, FL 33813-3080

## ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

LISA GHALY

5328 Plantation Vista Way

Florida street address (P.O. Box NOT acceptable)

Lakeland FL 33813-3080

City, State, and Zip

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..

Lisa Ghaly  
Registered Agent's Signature

## Article IV - Management (Check box if applicable.)

☒ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

ARTICLE V - Effective date 09/01/2001. 09/10/2001

(An additional article must be added if an effective date is requested)

Youssef Ghaly  
Signature of a member or an authorized representative of a member.

(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.)

YOUSSEF GHALY

Typed or printed name of signer

### Filing Fees:

\$100.00 Filing Fee for Articles of Organization  
\$ 25.00 Designation of Registered Agent  
\$ 30.00 Certified Copy (Optional)  
\$ 5.00 Certificate of Status (Optional)

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