

W03000000204

00789-00623-00524-00671 * Organizer

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

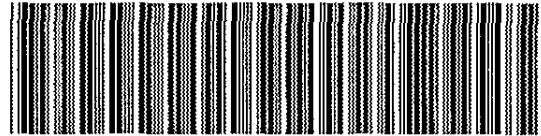
Certified Copies 1 Certificates of Status _____

Special Instructions to Filing Officer:

1/3/02 FULLC
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W02-35849

Office Use Only



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12/23/02--01032--016 **155.00

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03 JAN -3 AM 10:05
CLERK OF DISTRICT COURT
JAN 3 2003

JOE M. GONZALEZ, P. A.
ATTORNEY AT LAW

December 18, 2002

Secretary of State
LLC Division
Post Office Box 6327
Tallahassee, FL 32314

Re: Town 'N Country Pharmacy, LLC

Dear Sir:

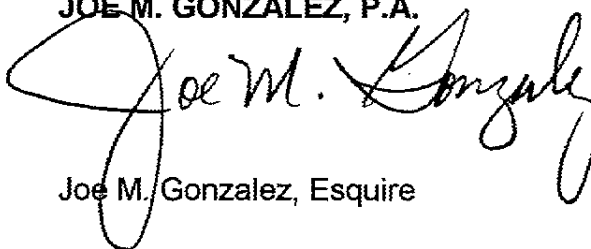
Please find enclosed the original and one copy of the Articles of Organization for the above-named entity, along with a check in the amount of \$155.00—which includes the filing fee of \$125.00 and \$30.00 for one certified copy by return mail.

Please file this limited liability corporation with your office and return same to me at the above address at your earliest convenience.

Your cooperation is appreciated.

Sincerely,

JOE M. GONZALEZ, P.A.

A handwritten signature in black ink, appearing to read "Joe M. Gonzalez", written over the typed name.

Joe M. Gonzalez, Esquire

JMG:sc
Enclosures



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

December 26, 2002

JOE M. GONZALEZ, ESQUIRE
304 SOUTH WILLOW AVENUE
TAMPA, FL 33606

SUBJECT: TOWN 'N COUNTRY PHARMACY, LLC
Ref. Number: W02000035849

We have received your document for TOWN 'N COUNTRY PHARMACY, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

You must remove the term "Organizer" and replace it with Member or Authorized Representative.,

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: 502A00067400

ARTICLES OF ORGANIZATION
OF
TOWN 'N COUNTRY PHARMACY, LLC

A Florida LIMITED LIABILITY COMPANY

ARTICLE 1: NAME

The name of the limited liability company shall be TOWN N' COUNTRY PHARMACY, LLC.

ARTICLE 2: PURPOSE

The company may engage in any lawful business.

ARTICLE 3: RESIDENT AGENT

The name and address of the resident agent is:

Raul Valentin
5803 Aventura Court
Tampa, FL 33625

ARTICLE 4: PRINCIPAL OFFICE

The mailing address and the street address of the principal office is:

5803 Aventura Court
Tampa, FL 33625

ARTICLE 5: MANAGEMENT

The company shall be managed by the members.

ARTICLE 6: DURATION

The company's existence shall be perpetual.

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TALLAHASSEE FLORIDA

ARTICLE 7: POWERS

The company shall have all the powers authorized by law or statute.

ARTICLE 8: MEMBER LIABILITY

Members shall not be personally liable for the debts, obligations, or liabilities of the company.

ARTICLE 9: ADDITIONAL MEMBERS

The company may admit additional members at any time and in any manner by the unanimous written consent of the members.


ARTICLE 10: AMENDMENT

The power to amend, alter or repeal these articles of organization shall be vested in the members. The articles of organization may be amended at any time and in any manner by the unanimous written consent of the members.

ARTICLE 11: CERTIFICATES

The company has the authority and shall issue Certificates of Membership to each member evidencing that member's interest in the company. Certificates of Membership shall be signed by a manager or officer of the company.

IN WITNESS WHEREOF, the parties hereto have caused these Articles of Organization to be duly executed as of this 18th day of December, 2002.


RAUL VALENTIN
MEMBER

**STATE OF FLORIDA
COUNTY OF HILLSBOROUGH**

I hereby Certify that on this day before me, an officer duly authorized to administer oaths and take acknowledgments, personally appeared RAUL VALENTIN, known to me to be the person(s) described in and who executed the foregoing instrument, who acknowledged before me that he executed the same, that I relied upon the following form of identification of the above-named

person(s): well known to me and that an oath
was not taken.

Witness my hand and official seal in the County and State last aforesaid
this 18th day of December, 2002.

(SEAL)



Joe M. Gonzalez
NOTARY SIGNATURE

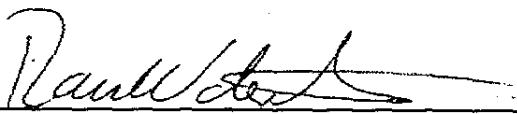
Joe M. Gonzalez
PRINTED NOTARY NAME

**CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE
FOR THE SERVICE OF PROCESS WITHIN THIS STATE
NAMING AGENT UPON WHOM PROCESS MAY BE SERVED**

Pursuant to Chapters 608.401-608.703, Florida Statutes, the following is submitted in compliance with said act:

That TOWN 'N COUNTRY PHARMACY, LLC is desiring to organize under the laws of the State of Florida as a Florida Limited Liability Company with its principal office, as indicated in its Articles of Organization, at TOWN 'N COUNTRY PHARMACY, LLC, has named Raul Valentin as agent to accept service of process within this state.

Having been named to accept service of process for the above-stated Florida limited liability company, at the place designated in this certificate, I hereby agree to act in this capacity and to comply with the provisions of said act relative to keeping open said office.



RAUL VALENTIN