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Division 00000133

## Florida Department of State

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Fax Number : (305)789-9201

## LIMITED LIABILITY COMPANY

MEDICATIONS BY MAIL SAVINGS, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

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#### ARTICLES OF ORGANIZATION

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#### MEDICATIONS BY MAIL SAVINGS, LLC



The name of the limited liability company formed hereby is MEDICATIONS BY MAIL SAVINGS, LLC (the "Limited Liability Company").

#### ARTICLE II

The duration of the Limited Liability Company shall be perpetual.

#### ARTICLE III

The principal office and mailing address of the Limited Liability Company shall be as follows:

c/o Joseph D. Sydnor, CPA 1005 Kane Concourse, Suite 203 Bay Harbor Islands, FL 33154

#### ARTICLE IV

The Registered Agent of the Limited Liability Company and his street address in the State of Florida are as follows:

Fred K. Lickstein, Esq. 100 S.E. 2nd Street, 17th Floor Miami, Florida 33131

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### ARTICLE V

The Limited Liability Company shall be manager-managed.

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Fred K. Lickstein,

as Authorized Representative of the Members

STATE OF FLORIDA	)	
COUNTY OF MIAMI-DADE	)	
Before me personally app Members, who is personally ke as identification, to b	eared Fred K nown to me, on e the person w	Lickstein, as Authorized Representative of the who producedho executed the foregoing Articles of Organization.
In witness whereof I have I	nereunto set m	y hand and official seal this _/.3 day of

Judith D. Rodman
Commission # DD 057845
Expires Oct. 18, 2005
Bonded Thu
Adlantic Bonding Co., Inc.

Notary Public
Print Name: TONTH & ROMAN
My Commission expires: 10/(8/2005

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# CERTIFICATE OF DESIGNATION OF RESIDENT AGENT AND ACCEPTANCE OF DESIGNATION



Pursuant to the provisions of Section 608.415, Florida Statutes, the undersigned limited liability company organized under the laws of the state of Florida, submits the following statement in designating its Registered Office and Registered Agent in the State of Florida:

- 1. The name of the limited liability company is MEDICATIONS BY MAIL SAVINGS, LLC.
  - 2. The name and address of the Registered Agent and Office is:

Fred K. Lickstein, Esq. 100 S.E. 2nd Street, 17th 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 the 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 am familiar with and accept the obligations of my position as Registered Agent.

Fred K. Lickstein, Registered Agent

Date: //3/03

MEDICATIONS BY MAIL SAVINGS, LLC

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Fred K. Lickstein, as Authorized Representative

of the Members

Audit No. H03000017386 1

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