

L03000001431

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

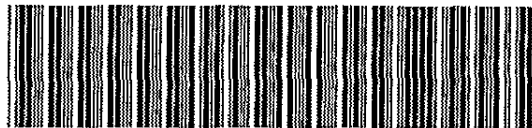
(Business Entity Name)

(Document Number)

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

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SEC. OF STATE  
TALLAHASSEE, FLORIDA

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REGISTRATION OF STATE  
TALLAHASSEE, FLORIDA

January 9, 2003

Registration Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

Dear Registration Section:

Enclosed you will find the completed articles of organization and a check for the filing fees of \$125 (\$100 filing fee for articles of organization and \$25 fee for designation of registered agent) to establish my LLC named "Drug Information Consulting LLC". Thank you.

Sincerely,



Richard P. Hoffmann  
1135 N. Timucuan Trail  
Inverness, FL 34453  
Phone/Fax: 352-637-4694  
email: hoffmann-home@bontheweb.net

Attachments: articles of organization  
check

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:  
Drug Information Consulting LLC

### ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:  
1135 N. Timucuan Trail  
Inverness, FL 34453

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

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

Richard P. Hoffmann

Name

1135 N. Timucuan Trail

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

Inverness

FL 34453

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.*

Richard P. Hoffmann

Registered Agent's Signature

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

Richard P. Hoffmann

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.)

Richard P. Hoffmann

Typed or printed name of signee

#### 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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