

LO4 0000 12263

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

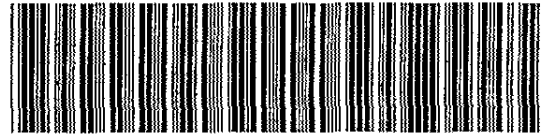
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

[Handwritten signature]



100025766671

02/04/04--01016--003 **125.00

EFFECTIVE DATE

1-29-04

CLERK OF SUPERIOR COURT
CALHOUN ASSOCIATES FLOOR

04 FEB -14 AM 9:13

FILED

TRANSMITTAL LETTER

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314
(850) 487-6051

EFFECTIVE DATE

1-29-04

SUBJECT: Choice Canada Meds, LLC

(Proposed company name - must include suffix)

04 FEB - 4 AM 9:13
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Enclosed is an original and one (1) copy of the Limited Liability Company and a check for:

\$5.00
Certificate
of Status
(Optional)

\$30.00
Certified Copy
(Optional)

<input checked="" type="checkbox"/> \$125.00
Filing Fee for Articles of Organization & Designation of Registered Agent
Additional Copy Required

FROM: Richard Kovacsik

 Name (printed or typed)

609 N. US 17-92, Unit 102E

 Street Address

DeBary, FL 32713

 City, State & Zip

(386) 575-0464

 Daytime Telephone No.

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF ORGANIZATION

OF

CHOICE CANADA MEDS, LLC

EFFECTIVE DATE

1-29-62

The undersigned subscribers to this limited liability company, natural persons competent to contract, hereby form a limited liability company under the laws of the State of Florida.

ARTICLE I - NAME

The name of the Limited Liability Company is: Choice Canada Meds, LLC.

ARTICLE II - ADDRESS

The mailing address and the street address of the principal office of the Limited Liability Company is 609 N. US 17-92, Unit 102E, DeBary, Florida 32713.

ARTICLE III - REGISTERED AGENT

The registered agent of this *Limited liability company* shall be:

NAME

ADDRESS

Richard Kovacsik

609 N. US 17-92
Unit 102E
DeBary, FL 32713

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 Kovacsik

FILED
04 FEB - 4 AM 9:18
TALLAHASSEE, FLORIDA

ARTICLE IV - MANAGEMENT

The Limited Liability Company is to be managed by two Managers ("MGR"=Manager). The name and address of each Manager is as follows:

<u>Title:</u>	<u>Name and Address:</u>
MGR	Richard Kovacsik 609 N. US 17-92 Unit 102E DeBary, FL 32713
MGR	Maria Corville 609 N. US 17-92 Unit 102E DeBary, FL 32713

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLE V - EFFECTIVE DATE

The effective date of the Limited Liability Company is requested to be January 29, 2004.

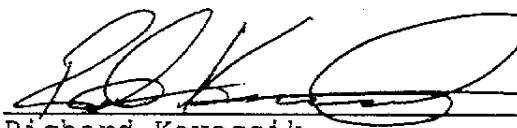


Signature of a member or an authorized representative of a member.

(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 Kovacsik
Printed name of signee

IN WITNESS WHEREOF, We have hereunto set our hands and seals, acknowledged and filed the foregoing Limited Liability Company under the laws of the State of Florida this 29th day of January 2004.



Richard Kovacsik
609 N. US 17-92
Unit 102E
DeBary, FL 32713

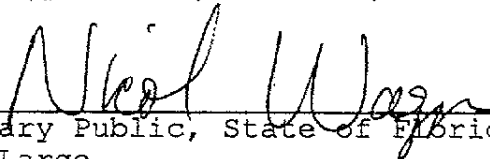
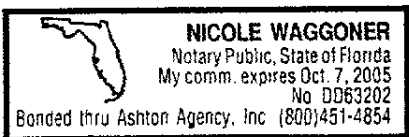
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 FEB -4 AM 9:14

FILED

STATE OF FLORIDA)
)
COUNTY OF SEMINOLE)

The foregoing instrument was acknowledged before me this 29th day of January 2004, by Richard Kovacsik, who is personally known to me or who has produced driver's license as identification and who did take an oath. FL DL # K122-741-57-303-0



Notary Public, State of Florida
At Large

My Commission Expires:

Having been named as Registered Agent and to accept Service of Process for the above-stated company at the place designated herein, 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.



Richard Kovacsik
609 N. US 17-92
Unit 102E
DeBary, FL 32713

DATE: January 29, 2004