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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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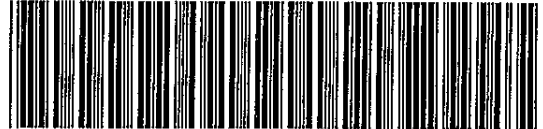
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04/14/04--01039--004 **125.00

FILED
SECRETARY OF STATE
04 APR 14 PM 4:20
DIVISION OF CORPORATIONS

March 27, 2004

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

To Whom It May Concern:

Enclosed are the Articles of Incorporation for the Florida Limited Liability Corporation "Drugs to You, LLC". I, Anthony Cammarano will be the contact for this corporation. My address is 19642 Trophy Drive, Boca Raton, FL 33498. My contact telephone # is 561-852-8800 ext 202.

If you have any questions regarding the attached information please contact me.

Thank you for your consideration.

Sincerely,



Anthony Cammarano

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DIVISION OF CORPORATIONS

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DRUGS TO YOU, LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ANTHONY CAMMARANO
(Name of Person)

(Firm/Company)

19642 TROPHY DRIVE
(Address)

BOCA RATON, FL 33498
(City/State and Zip Code)

For further information concerning this matter, please call:

ANTHONY CAMMARANO at (561) 852-8800 EXT 202
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

DRUGS TO YOU, LLC

ARTICLE II - Address:

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

Principal Office Address:

19642 TROPHY DRIVE

BOCA RATON, FL 33498

Mailing Address:

19642 TROPHY DRIVE

BOCA RATON, FL 33498

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

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

ANTHONY CAMMARANO

Name

19642 TROPHY DRIVE

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

BOCA RATON

FLORIDA 33498

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, Florida Statutes..

Anthony Cammarano

Registered Agent's Signature

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ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

ANTHONY CAMMARANO

19642 TROPHY DRIVE

BOCA RATON, FL 33498

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

Anthony Cammarano
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.)

ANTHONY CAMMARANO
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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