

L04000039523

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

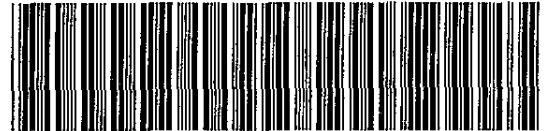
(Business Entity Name)

(Document Number)

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

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FILED  
JUL 19 2004  
TAMPA, FLORIDA

FILED  
JUL 19 2004  
TAMPA, FLORIDA

FILED

L04-39523  
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## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PHARMSMART, 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:

DANIEL M. HURT  
(Name of Person)

MEDLAW INVESTMENTS  
(Firm/Company)

4882 BROOKGROVE CT.  
(Address)

LIMA, OHIO 45807  
(City/State and Zip Code)

For further information concerning this matter, please call:

Daniel M. Hurt at ( 419 ) 302-2445  
(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

OFFICE OF STATE  
TALLAHASSEE, FLORIDA

DATE: 9 PM 2:06

FILED

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

PHARMSMART, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

725 N. A1A  
Suite E-104  
Jupiter, FL 33477

**Mailing Address:**

4882 BROOKGROVE CT  
LIMA, OHIO 45807

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

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

RICHARD G. COOK  
Name

725 N. A1A Suite E-104  
Florida street address (P.O. Box **NOT** acceptable)

Jupiter FLORIDA 33477  
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..*

  
Registered Agent's Signature

FILED  
JUL 14 2008  
CLERK OF CIRCUIT COURT  
IN AND FOR THE COUNTY OF  
PALM BEACH, FLORIDA

**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

Daniel M. Hurt  
4882 BROOKGROVE CT  
LIMA, OHIO 45807

MGR

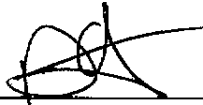
FRANCIS G. D'AMBROSIO  
23852 PACIFIC COAST HWY  
MALIBU, CA 90265

#939

(Use attachment if necessary)

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

**REQUIRED SIGNATURE:**



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.)

Daniel M. Hurt  
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)

RECEIVED  
MAY 19 2009  
TALLAHASSEE, FLORIDA

MAY 19 7 11 20 09

FILED