

**L0400077421**

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850)205-0383

From: Account Name : FAS-T CORP. AGENTS, INC.  
Account Number : 071001002335  
Phone : (305)599-0839  
Fax Number : (305)716-0346

RECEIVED  
04 OCT 25 AM 8:15  
DIVISION OF CORPORATION

FILED  
04 OCT 25 AM 9:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY COMPANY  
JOHNSON'S PHARMACEUTICALS, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$155.00

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Corporate Filing

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:

Johnson's Pharmaceuticals, LLC

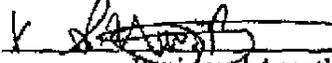
ARTICLE II - Address the mailing address and street address of the principal office of the Limit Liability company is:

380 NW 48 Place  
Miami, Fl. 33126

ARTICLE III - Registered Agent, Registered office & Registered Agent's Signature:  
The name and the Florida street address of the registered agent are:

Sergio Nufiez  
Name  
380 NW 48 Place  
Florida, address (P.O.Box no acceptable)  
Miami, Fl. 33126  
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.

  
\_\_\_\_\_  
Registered Agent's Signature

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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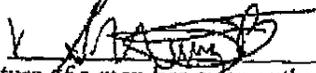
FILED

ARTICLE IV - Management (Check box if applicable)

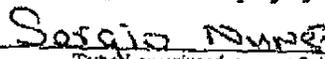
The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manger, managed company.

Sergio Nufiez                      Vivian Martinez  
380 Nw 48 Place                  380 NW 48 Place  
Miami, Fl. 33126                  Miami, FL 33126

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

  
\_\_\_\_\_  
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)

  
\_\_\_\_\_  
Typed or printed name of signer