## L06000089335

(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:
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## LAZARUS CORPORATE FILING SERVICE

3320 SW 87TH AVENUE

CR2E031(7/97)

MIAMI, FL 33165 (305) 552-5973

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	Office Use Only	OFF O	
CORPORATION NAME(S) & DOCUM	IENT NUMBER(S), (if known):	\$	
RX ENTERPRISES	ILLC		
(Corporation Name)	(Document #)	· · · · · · · · · · · · · · · · · · ·	
2.			
(Corporation Name)	(Document #)		
3			
(Corporation Name)	(Document #)		
4			
(Corporation Name)	(Document #)		
Walk in Pick up time	2.05 Certified C	Сору	
☐ Mail out ☐ Will wait	Photocopy Certificate	of Status	
NEW FILINGS	AMENDMENTS		
Profit	Amendment	••	
Not for Prefit	Resignation of R.A., Officer/Direct	tor	
Limited Liability  Domestication	Change of Registered Agent Dissolution/Withdrawal	•	
Other	Merger		
OTHER FILINGS	REGISTRATION/QUALIFICATIO	<u>N</u>	
☐ Annual Report	☐ Foreign		
Fictitious Name	Limited Partnership Reinstatement	· · ·	
	Trademark		
	Other		
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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FLORIDA LIMITI	ED LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Compan RX ENTERPRISES, LLC	y is:
ARTICLE II - Address: The mailing address and street address of the	he principal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
1832 S.W. 104 PLACE	1005 SW 87TH AVE.
MIAMI, FL. 33165	MIAMI, FL. 33174
The name and the Florida street address of	tered Office, & Registered Agent's Signature: the registered agent are:
	Name
1832 s.	W. 104 PL
l'iorida street addres	s (P.O. Box <u>NOT</u> acceptable)

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.

City, State, and Zip

FLORIDA 33165

Registered Agent's Signature

Page 1 of 2 (CONTINUED)

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 Membe	Name and Address:	
MGR	RODOLFO NEUMANN 1832 S.W. 104 PL.	
	MIAMI, FL. 33165	
MGRM	XAVIER MARTINEZ	
	1832 S.W. 104 PL. MIAMI, FL. 33165	
	MATI, FB. 33103	
		<del>-</del> -
·		
·		
(Use attachment if necessary)		<u>.</u>
NOTE: An additional article	must be added if an effective date is requested.	
REQUIRED SIGNATURE:	011110	- <u>-</u>
Signature of a memb	er or an authorized representative of a member.	
(In accordance with a of this document constitut the facts stated he	ection 608.408(3), Florida Statutes, the execution titutes an affirmation under the penalties of perjury stein are true.)	
	OLFO NEUMANN	
T	yped or printed same of signee	