

LOT 0000 29293

(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



700092278887

03/16/07--01022--013 **155.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
07 MAR 16 PM 12:15

LAW OFFICES
Grand & Grand, P.A.
4010 SHERIDAN STREET
Hollywood, Florida 33021-3536

Leonard Grand*
Mark S. Grand

*BOARD CERTIFIED IN TAX LAW

March 13, 2007

BROWARD (954) 989-2889
DADE (305) 945-2400
FAX (954) 961-4216

TO: Registration Section
Division of Corporations

SUBJECT: PHARMACY INFORMATICS, 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:

MARK S. GRAND, ESQ.

(Name of Person)

GRAND & GRAND, P.A.

(Firm/Company)

4010 SHERIDAN STREET

(Address)

HOLLYWOOD, FL 33021

(City/State and Zip Code)

For further information concerning this matter, please call:

HARVEY FIELDS

(Name of Person)

at (954) 801-8152

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☒ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

PHARMACY INFORMATICS, LLC

ARTICLE II - Address:

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

13993 SW 42nd Street, Davie, FL 33330

ARTICLE III - Duration:

The period of duration for the Limited Liability Company shall be perpetual.

ARTICLE IV - Management:

(check and complete the appropriate statement)

☒ The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are:

Harvey S. Fields
13993 SW 42nd Street
Davie, FL 33330

☐ The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/are:

ARTICLE V - Admission of Additional Members:

The right, if given, of the members to admit additional members and the terms and conditions of the admission shall be:

Additional members may be admitted into the company on such terms and conditions as may be unanimously agreed upon by the members.

ARTICLE VI - Members Rights to Continue Business:

The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminated the continued membership of a member in the limited liability company shall be:

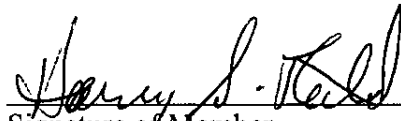
By unanimous vote of the remaining members within ninety (90) days after the occurrence of an event that terminates a member's continued membership, the remaining members may continue the business.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 MAR 16 PM 12:15

ARTICLE VII - Effective Date:

The effective date of the limited liability company shall March 15, 2007, provided that if such day be unauthorized by law, then on the next earliest day allowable pursuant to Florida law for the commencement of existence.

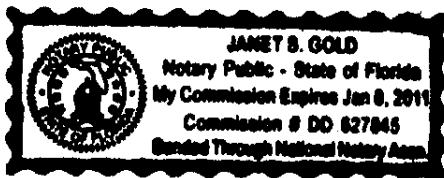
Date March 12, 2007

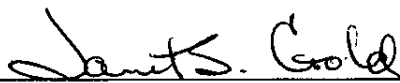


Signature of Member,
Harvey S. Fields

STATE OF FLORIDA)
): SS:
COUNTY OF BROWARD)

The foregoing instrument was acknowledged before me this 13 day of March, 2007, by Harvey S. Fields.





(Notary signature)
Notary Print Name: JANET S. GOLD
Personally known X
Or Produced Identification _____
Type of Identification Produced: _____

CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 Or 608.507, FLORIDA
STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE
FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED AGENT/REGISTERED
OFFICE, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is:

PHARMACY INFORMATICS, LLC

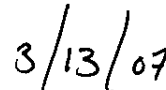
2. The name and address of the registered agent and registered office are:

MARK S. GRAND
4010 Sheridan Street
Hollywood, FL 33021

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.



(SIGNATURE)



(DATE)