

W07 000109811

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

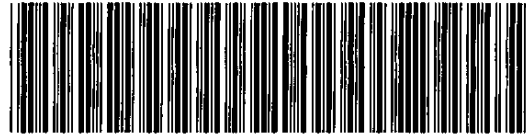
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W07-109811
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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: meds RX Pharmacy
(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:

Winifred Browne
(Name of Person)
9999 NE 2nd Avenue, Ste. 301
(Firm/Company)
Miami Shores, FL 33138
(Address)

(City/State and Zip Code)

For further information concerning this matter, please call:

Stevenson Jean Mary at 954, 461-5931
(Name of Person) (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

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CLERK OF STATE
TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION

OF

MedsRX PHARMACY, *UC*

Pursuant to Section 608.407, Florida Statutes, the undersigned hereby files these Articles of Organization as follows:

ARTICLE I- Name:

The name of the Limited Liability Company is: **medsRX .
PHARMACY, *UC***

ARTICLE II-Address:

The mailing address and street address of the principal office of the The Limited Liability Company is: 8689C Boca Glades Boulevard West, Boca Raton, FL 33434.

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

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

Winifred Browne

9999 N.E. 2nd Avenue, Suite 301

Miami, FL 33138

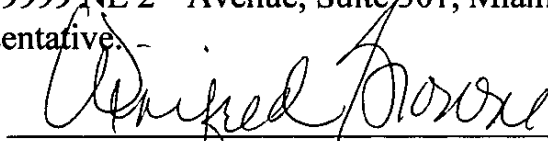
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in the certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all 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..

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Registered Agent's Signature

medsRX PHARMACY, LLC, desiring to organize as a limited liability company under the laws of the State of Florida, has designated Winifred Browne, 9999 NE 2nd Avenue, Suite 301, Miami, FL 33138 as Authorized Representative.


Authorized Representative

ARTICLE IV – Manager(s) or Managing Member(s)

Title MGR

Stevenson Jean Mary

- 8689C Boca Glades Blvd. West
Boca Raton, FL 33434

Title MGRM- VP

Fleurette Fleurimond

- 8689C Boca Glades Blvd. West
Boca Raton, FL 33434

Title MGRM-S

Fabyouna Louis

- 8689C Boca Glades Blvd. West
Boca Raton, FL 33434

Title MGRM-T

Kerline Jean Mary

- 8689C Boca Glades Blvd. West
Boca Raton, FL 33434

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TALLAHASSEE, FLORIDA