

L08000077123

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

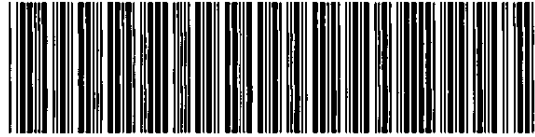
(Business Entity Name)

(Document Number)

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

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Office Use Only



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RECEIVED  
08 AUG 12 PM 12:58  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED  
08 AUG 12 PM 3:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B. KOHR

AUG 12 2008

EXAMINER

# WALK IN / PICK UP REQUEST

**B&B**  
**Butterfield & Butterfield Corporate Services, LLC**  
**2603 Rippee Road**  
**Tallahassee, FL 32303**  
**850-329-7805**

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08 AUG 12 PM 3:45  
TALLAHASSEE, FLORIDA

TARGET ENTITY(IES)

Life Choice, LLC

DOCUMENT NUMBER

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## CERTIFICATION

Certificate of Good Standing \_\_\_\_\_  
Certified Copy (Arts/Amend) XX  
Other \_\_\_\_\_  
Description \_\_\_\_\_

## FILINGS

Articles of Incorporation \_\_\_\_\_  
Articles of Organization XX  
Cert. of Limited Partnership \_\_\_\_\_  
Annual Report \_\_\_\_\_  
Reinstatement \_\_\_\_\_  
Dissolution / Withdrawal \_\_\_\_\_  
Amendment \_\_\_\_\_  
Fictitious Name \_\_\_\_\_  
Other Filing Type \_\_\_\_\_  
Description \_\_\_\_\_

## APOSTILLE

Apostille / Notarial Certificate \_\_\_\_\_  
Country \_\_\_\_\_  
Number of Documents \_\_\_\_\_

## SPECIAL REQUEST

Please call me at the above  
number when request is  
ready for pick up.

THANK YOU!!

\_\_\_\_\_  
Jeffrey  
\_\_\_\_\_  
\_\_\_\_\_  
ATTN: BUCK  
KOHK  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TIME: \_\_\_\_\_  
DATE: \_\_\_\_\_

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

LifechoiceRX, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

## ARTICLE II - Address:

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

### Principal Office Address:

3193 Tech Drive, Suite B

St. Petersburg, FL 33716

### Mailing Address:

3193 Tech Drive, Suite B

St. Petersburg, FL 33716

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

NRAI Services, Inc.

Name

2731 Executive Park Drive, Suite 4

Florida street address (P.O. Box **NOT** acceptable)

Weston

FL 33331

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.*

NRAI Services, Inc.

By: Victor Alfano

Registered Agent's Signature (REQUIRED)

Victor Alfano, Vice President

(CONTINUED)

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TALLAHASSEE, 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:**

MGRM

One Stop Pharmacy Creations, LLC

3193 Tech Drive, Suite B

St. Petersburg, FL 33716

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**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.)

Russell C. Coit, Member of One Stop Pharmacy Creations, LLC  
\_\_\_\_\_  
Typed or printed name of signer

**Filing Fees:**

**\$125.00 Filing Fee for Articles of Organization and Designation  
of Registered Agent**

**\$ 30.00 Certified Copy (Optional)**

**\$ 5.00 Certificate of Status (Optional)**