

L090000002255

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

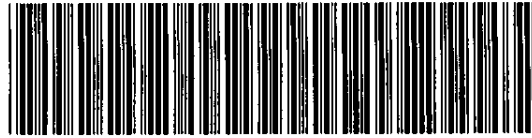
(Business Entity Name)

(Document Number)

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JAN - 8 2009

EXAMINER

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Pharmacy Designs, LLC

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TALLAHASSEE, FLORIDA

Thank you!
☺

Signature

Requested by:

Christina

Name

Date

1/8

Time

Am

- ☐ Art of Inc. File
- ☐ LTD Partnership File
- ☐ Foreign Corp. File
- ☒ L.C. File
- ☐ Fictitious Name File
- ☐ Trade/Service Mark
- ☐ Merger File
- ☐ Art. of Amend. File
- ☐ RA Resignation
- ☐ Dissolution / Withdrawal
- ☐ Annual Report / Reinstatement
- ☒ Cert. Copy
- ☐ Photo Copy
- ☐ Certificate of Good Standing
- ☐ Certificate of Status
- ☐ Certificate of Fictitious Name
- ☐ Corp Record Search
- ☐ Officer Search
- ☐ Fictitious Search
- ☐ Fictitious Owner Search
- ☐ Vehicle Search
- ☐ Driving Record
- ☐ UCC 1 or 3 File
- ☐ UCC 11 Search
- ☐ UCC 11 Retrieval

**ARTICLES OF ORGANIZATION
OF
PHARMACY DESIGNS, L.L.C.
a Florida Limited Liability Company**

ARTICLE I. Name

The name of the Limited Liability Company is: **PHARMACY DESIGNS, L.L.C.**

ARTICLE II. Mailing Address

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

**Post Office Box 113
Highland City, FL 33846**

ARTICLE III. Street Address

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

**2792 Vintage View Loop
Lakeland, FL 33812**

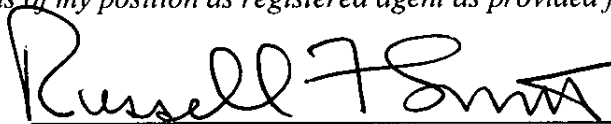
ARTICLE IV.

Registered Agent, Registered Office, & Registered Agent's Signature

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

**Russell F. Smith
2792 Vintage View Loop
Lakeland, FL 33812**

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.



Russell F. Smith
Registered Agent's Signature

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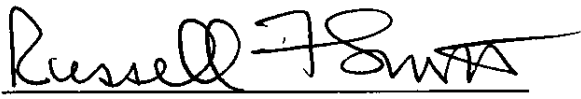
ARTICLE V. Management

The Limited Liability Company is to be managed by managers and is, therefore, a managers-managed company. The name, mailing address, and street address of each such person who is to serve as manager is:

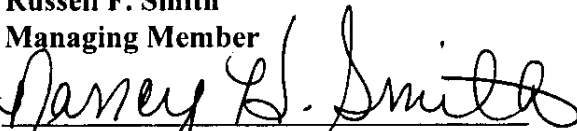
Russell F. Smith
2792 Vintage View Loop
Lakeland, FL 33812

Nancy H. Smith
2792 Vintage View Loop
Lakeland, FL 33812

Dated: January 5, 2009

By: 

Russell F. Smith
Managing Member

By: 

Nancy H. Smith
Managing Member