

LU9000057196

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

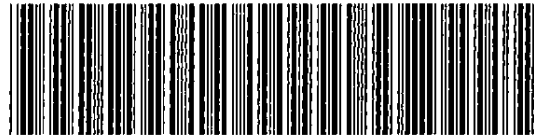
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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FILED
09 JUN 11 AM 9:15
SCOTT COUNTY STATE
TALLAHASSEE, FLORIDA

B. KOHR

JUN 15 2009

EXAMINER

Albert C. Eaton
Attorney and Counselor at Law
1516 East Colonial Drive, Suite 100E
Orlando, Florida 32803

Mailing Address:
P. O. Box 530054
Orlando, Florida 32853-0054

June 9, 2009

FILED
09 JUN 11 AM 9:15
TALLAHASSEE
FLORIDA
Telephone
(407) 843-8100
Telecopier
(407) 892-6986

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

Re: Articles of Organization
PURE HEALTH PHARMACY, LLC

Dear Sir:

Enclosed please find an original and one copy of the Articles of Organization as above captioned, and our check in the amount of \$160.00, representing:

Filing Fee	\$ 100.00
Designation of Registered Agent	25.00
Certified Copy	30.00
Certificate of Status	5.00

When the Articles have been processed, we would appreciate the return of the Certified Copy and the Certificate of Status to our attention.

Thank you for your consideration in this matter.

Very truly yours,



Albert C. Eaton

ACE/jm
Enclosures

**ARTICLES OF ORGANIZATION FOR
FLORIDA LIMITED LIABILITY COMPANY**

The undersigned, being natural persons competent to contract, and for the purpose of forming a Florida Limited Liability Company under the provisions of the Florida Limited Liability Company Act does hereby adopt the following articles of organization:

ARTICLE I

NAME

The name of the Limited Liability Company is:

PURE HEALTH PHARMACY, LLC

ARTICLE II

ADDRESS

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

1120 Citrus Tower Boulevard, Suite 130A, Clermont, Florida 34711

ARTICLE III

PURPOSE OR PURPOSES

The purpose or purposes for which this Limited Liability Company is created for is to engage in any or all lawful business or trade which can, in the opinion of the Managers, can be advantageously carried on and as permitted under the Florida Limited Liability Company Act.

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09 JUN 11 AM 9:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV

REGISTERED OFFICE AND AGENT

The street address of the initial registered agent of the Limited Liability Company is 1516 E. Colonial Drive, Suite 100-E, Orlando, Florida 32803, and the name of its initial registered agent at such address is ALBERT C. EATON, ESQUIRE.

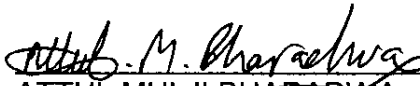
ARTICLE V

MANAGERS


The Limited Liability Company is a member-managed company. The names and addresses of each person who are to serve as member-managers are:

<u>Name</u>	<u>Address</u>
ATTUL MULJI BHARADWA	1831 Saffron Plum Lane, Orlando, FL 32828
PALAK U. DESAI	2038 Autumn View Drive, Orlando, FL 32825
UDAYKUMAR J. DESAI	2038 Autumn View Drive, Orlando, FL 32825

Executed by the undersigned at Orlando, Orange County, Florida, on the 8th day of June, 2009.



ATTUL MULJI BHARADWA
Member/Manager



PALAK U. DESAI
Member/Manager

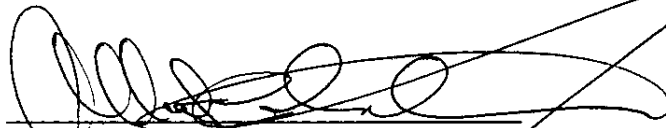


UDAYKUMAR J. DESAI
Member/Manager

STATE OF FLORIDA
COUNTY OF ORANGE

I HEREBY CERTIFY that on this day before me, an officer duly authorized to take acknowledgments and oaths, personally appeared ATTUL MULJI BHARADWA, who is personally known to me or who has produced Personally Known as identification, who did not take an oath, who executed the foregoing and acknowledged before me that he executed the same freely and voluntarily for the purposes therein expressed.

WITNESS MY HAND and official seal in the County and State aforesaid, this 8th day of June, 2009.



Albert C. Eaton
Notary Public, State of Florida

My Commission Expires:

STATE OF FLORIDA
COUNTY OF ORANGE

I HEREBY CERTIFY that on this day before me, an officer duly authorized to take acknowledgments and oaths, personally appeared PALAK U. DESAI, who is personally known to me or who has produced Personally Known as identification, who did not take an oath, who executed the foregoing and acknowledged before me that she executed the same freely and voluntarily for the purposes therein expressed.

WITNESS MY HAND and official seal in the County and State aforesaid, this 8th day of June, 2009.



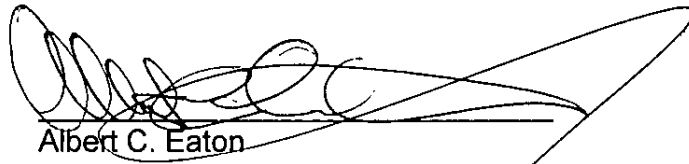
Albert C. Eaton
Notary Public, State of Florida

My Commission Expires:

STATE OF FLORIDA
COUNTY OF ORANGE

I HEREBY CERTIFY that on this day before me, an officer duly authorized to take acknowledgments and oaths, personally appeared UDAYKUMAR J. DESAI, who is personally known to me or who has produced Passport Photo as identification, who did not take an oath, who executed the foregoing and acknowledged before me that he executed the same freely and voluntarily for the purposes therein expressed.

WITNESS MY HAND and official seal in the County and State aforesaid, this 8th day of June, 2009.


Albert C. Eaton
Notary Public, State of Florida
My Commission Expires:

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

PURE HEALTH PHARMACY, LLC

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

ALBERT C. EATON, ESQUIRE
1516 E. Colonial Drive, Suite 100-E
Orlando, FL 32803

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.


ALBERT C. EATON, ESQUIRE