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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

Effective Date 06/25/10

From:

Account Name : FASTKIT CORP
Account Number : I20100000009
Phone : (305) 599-0839
Fax Number : (305) 592-9591

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

RECEIVED

10 JUN 29 PM 12:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**FLORIDA LIMITED LIABILITY CO.
PHARMASTARS S.A., LLC.**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 JUN 29 AM 7:50

T. HAMPTON

JUN 30 2010

EXAMINER

Effective Date 06/25/10

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 JUN 29 AM 7:50

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

PHARMASTARS S.A., 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:

3752 SUMMERWIND CIRCLE

BRADENTON, FL 34209

Mailing Address:

3752 SUMMERWIND CIRCLE

BRADENTON, FL 34209

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:

HAJEM A. MAKLAD

Name

3752 SUMMERWIND CIRCLE

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

BRADENTON, FL 34209

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.


Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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10 JUN 29 AM 7:50

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

BASSAM MAJZOUB

3752 SUMMERWIND CIRCLE

BRADENTON, FL 34209

MGRM

HAJEM A. MAKLAD

3752 SUMMERWIND CIRCLE

BRADENTON, FL 34209

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 06/25/2010 (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 608.405(9), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

HAJEM A. MAKLAD

Typed or printed name of signee