L10000106550

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer		





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EXAMINER

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

RX VENTURES 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:

Mailing Address:

1330 WEST AVENUE STE 2304

MIAMI BEACH FL 33139

1330 WEST AVENUE STE 2304 MIAMI BEACH FL 33139

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:

STEPHAN MORRIS

Name

1330 WEST AVENUE STE 2304

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

MIAMI BEACH

_{FL} 33139

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

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Membe	er
MGR	STEPHAN MORRIS
	1330 WEST AVE APT 2304
	MIAMI BEACH FL 33139
MGR	JUSTIN SHEPPARD
	2031 MERIDIAN AVE APT 2
	MIAMI BEACH FL 33139
(Use attachment if necessary)	
ARTICLE V: Effective date, if other the	han the date of filing: (OPTIONAL)
(If an effective date is listed, the date r	nust be specific and cannot be more than five business days prior
to or 90 days after the date of filing.)	
REQUIRED SIGNATURE:	
	1111
Signature of a	member or an authorized representative of a member.
(In accordance with sec	tion 608.408(3), Florida Statutes, the execution of this document
constitutes an affirmation	on under the penalties of perjury that the facts stated herein are true.
I am aware that any fals constitutes a third degre	se information submitted in a document to the Department of State see felony as provided for in s.817.155, F.S.)

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)

Justin L. Shappard
Typed or printed name of signee