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(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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B. KOHR

OCT 13 2010

EXAMINER

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CLERK OF STATE
DIVISION OF CORPORATIONS
10 OCT 11 PM 4:55



Theresa A. Schrecengost 412.594.5582
Registered Paralegal
tschrecengost@tuckerlaw.com

October 7, 2010

Via Federal Express

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: Online Medical Supply, LLC
Application to Transact Business

Dear Sir or Madam:

Please file the enclosed Articles of Organization for Florida Limited Liability Company on behalf of Online Medical Supply, LLC and send the proper acknowledgment to the undersigned in the enclosed, stamped, self-addressed envelope.

We enclosed a check for \$125 to cover your filing fees.

Should you have any questions or comments, please do not hesitate to call me.

Very truly yours,

TUCKER ARENSBERG, P.C.



Theresa Schrecengost

/tas-Enclosures
BUS_EST:303654-1 026245-147515

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10 OCT 11 PM 4:55

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Online Medical Supply, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Theresa A. Schrecengost, R.P.

Name of Person

Tucker Arensberg, P.C.

Firm/Company

1500 One PPG Place

Address

Pittsburgh, PA 15222

City/State and Zip Code

tschrecengost@tuckerlaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Theresa A. Schrecengost

Name of Person

at (412) 594-5582

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address

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

Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Online Medical Supply, 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:

102 E. 2nd Street

Suite 132

Boca Raton, FL 33432

Mailing Address:

102 E. 2nd Street

Suite 132

Boca Raton, FL 33432

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:

Robert M. Grobstein

Name

102 E. 2nd Street, Suite 132

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

Boca Raton, FL 33432

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..

By: 

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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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

Robert M. Grobstein

102 E. 2nd Street, Suite 132

Boca Raton, FL 33432

MGRM

Janet R. Grobstein

102 E. 2nd Street, Suite 132

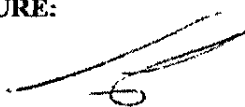
Boca Raton, FL 33432

(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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Robert M. Grobstein, Member

Typed or printed name of signee

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)