

211000014947

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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11 FEB -3 PM 1:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

FEB 04 2011

EXAMINER

JAMES R. FLANICK
10840 Japonica Court
Boca Raton, Florida 33498

January 25, 2011

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

SUBJECT: Hourglass Rx Distribution, LLC

To Whom It May Concern:

The Enclosed Articles of Organization and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

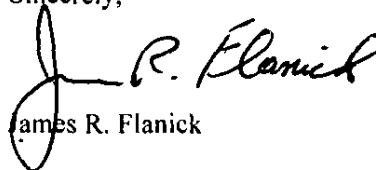
James R. Flanick
Hourglass Rx Distribution, LLC
10840 Japonica Court
Boca Raton, Florida 33498
jflanick21@comcast.net

For further information concerning this matter, please call: **James R. Flanick** at 972-832-5392.

Enclosed is a check in the amount of \$125.00 made payable to the Florida Department of State to cover the Filing Fee.

Thank you very much for your attention to this matter.

Sincerely,


James R. Flanick

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR HOURGLASS PHARMACEUTICALS, LLC

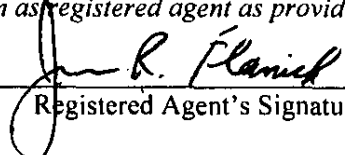
ARTICLE I - Name: The name of the Limited Liability Company is Hourglass Rx Distribution, LLC

ARTICLE II - Address: The mailing address and street address of the principal office of Hourglass Rx Distribution, LLC is 6035 Sea Ranch Drive, Suite 904, Hudson, Florida 34667.

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are:

James R. Flanick
10840 Japonica Court
Boca Raton, Florida 33498

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

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:

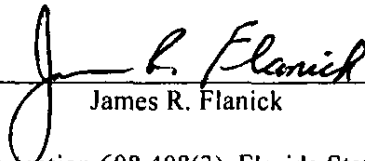
Managing Member

James R. Flanick
10840 Japonica Court
Boca Raton, Florida 33498

Managing Member

Robert Verscharen
6035 Sea Ranch Drive
Suite 904
Hudson, Florida 34667

SIGNATURE:


James R. Flanick

(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.)

FILED
11 FEB -9 PM 4:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA