

MAY-26-2011 15:22

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Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : SHUMAKER, LOOP & KENDRICK LLP  
Account Number : 075500004387  
Phone : (813) 229-7600  
Fax Number : (813) 229-1660

**L. SELLERS**  
MAY 27 2011  
**EXAMINER**

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

**Email Address:** mzonana@reliancemeds.com

**FLORIDA LIMITED LIABILITY CO.**

**ShopDoc, LLC**

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

RECEIVED  
11 MAY 26 PM 3:31  
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FILED  
11 MAY 26 AM 10:41  
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**Articles of Organization  
Of  
ShopDoc, LLC**

**ARTICLE I - Name:**

The name of the limited liability company is ShopDoc, LLC.

**ARTICLE II - Address:**

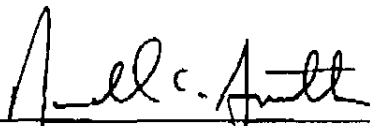
The street and mailing address of the principal office of the limited liability company is:

18181 NE 31<sup>st</sup> CT 2404  
Aventura, Florida 33160

**ARTICLE III - Management:**

The limited liability company is to be managed by a manager or managers. The initial managers shall be Moses Zonana and Brian Fox.

IN WITNESS WHEREOF, I have signed these Articles of Organization as an authorized representative of a member and acknowledged them to be my act this 25th day of May 2011.



\_\_\_\_\_  
Signature of 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.)

\_\_\_\_\_  
Darrell C. Smith

Typed or printed name of signee

**FILED**

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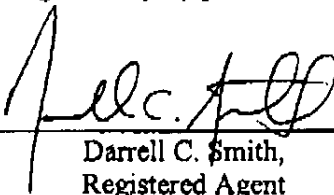
**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415, 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 **ShopDoc, LLC.**
2. The name and the Florida street address of the registered agent are:

Darrell C. Smith  
101 East Kennedy Boulevard  
Suite 2800  
Tampa, Florida 33602

*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.*

  
\_\_\_\_\_  
Darrell C. Smith,  
Registered Agent

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