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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 MAY 27 PM 12 06

FILED

C. LEWIS
MAY 31 2011
EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: FamilyPharmDs 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:

Darren Quarrie

Name of Person

Firm/Company

700 NW 48th Terrace

Address

Plantation, FL 33317

City/State and Zip Code

DCQUARRIE@GMAIL.COM

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

For further information concerning this matter, please call:

Darren Quarrie

Name of Person

at (**954**) **593-9381**

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

FamilyPharmDs 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:

700 NW 48th Terrace
Plantation, FL 33317

Mailing Address:

P.O. Box 742092
Boynton Beach, FL 33474

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:

Darren Quarrie

Name

700 NW 48th Terrace

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

Plantation

FL 33317

City, State, and Zip

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

28H MAY 27 PM 10 00

FILED

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)

FILED

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

The name and address of each Manager or Managing Member is as follows: 2011 MAY 27 PM 10 00

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MGRM

Darren Quarrie
700 NW 48th Terrace
Plantation, FL 33317

MGRM

Stan Kotei
1260 Oakwater Drive
Royal Palm Beach, FL 33411

MGRM

Tahrik Goombs
8369 Emerald Winds Circle
Boynton Beach, FL 33473

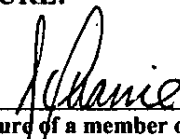
MGRM

Tramaine Smith
8930 Hidden Acres Drive
Boynton Beach, FL 33473

(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.)

Darren Quarrie

Typed or printed name of signer

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)