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2011 AUG 17 AM 8:25 SECRETARY OF STATE ALLAHASSEE, FLORIDA

J. SAULSBERRY EXAMINER

AUG 18 2011

COVER LETTER

. TO:		n Section Corporations			
SUB	_{JECT:} Pha	rmOnc LLC			
Name of Limited Liability Company					
The	enclosed Article	s of Organization and fee(s) are	submitted for filing.		
Pleas	se return all corr	espondence concerning this matt	ter to the following:		
	Olga M	ilitano			
			Name of Person		
	Pharm(Onc LLC			
			Firm/Company		
	4248 M	orena Ln			
			Address	Z Z	
	Jacksonv	/ille, FL 32207		2811 AUG 17 SECRETARY ALLAHASSE	_
		Cit	y/State and Zip Code	AS TA	-
	olgabes@			RY SEE	r
		E-mail address: (to be used f	or future annual report notification)	FLS A	
For further information concerning this matter, please call:					
Olg	a Militano		at (321) 213-4441	10 A	
	Na	me of Person	Area Code & Daytime Teleph	one Number	
Encl	osed is a check	c for the following amount:			
√ \$125.0	00 Filing Fee 	\$130.00 Filing Fee & Certificate of Status	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 Cir Tallahassee, FL 32301	cle	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY ARTICLE I - Name: The name of the Limited Liability Company is:

PharmOnc LLC		
(Must end with the words "Limited Liab	oility Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the p	orincipal office of the Limited Li	iability Company is:
Principal Office Address:	Mailing Address:	
1248 Morena Ln	4248 Morena Ln	
Jacksonville, FL 32207	Jacksonville, FL 32207	
ARTICLE III - Registered Agent, Registere (The Limited Liability Company cannot serve as its own Regi		
business entity with an active Florida registration.) The name and the Florida street address of the	registered agent are:	FIL 2011 AUG 17 SECRETARY TALLAHASSEE
Olga Militano		क कि
Name	SET 17	
4248 Morena Ln		Test ₹ m
Florida street ac	Idress (P.O. Box NOT acceptable)	95 08 T

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.

City, State, and Zip

Registered Agent's Signature (REQUIRED)

Jacksonville

(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:

MGR	Olga Militano	

	SEC	
	ALG ALG	-
	SEF O	-
	AR STAR 8:	
	: 25	
(Use attachment if necessary)		
	ne date of filing: <u>O9/01/2011</u> . (OPTIONAL) be specific and cannot be more than five business days p	

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.)

Olga Militano

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)