

Division of Corporations

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : CLARA GIRALDO, P.A.
Account Number : I19990000017
Phone : (305) 485-9300
Fax Number : (305) 485-1098

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

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RECEIVED
11 SEP 19 PM 12:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDAFLORIDA LIMITED LIABILITY CO.
CALAN PHARMACY & DISCOUNT SERVICE, LLC.

Certificate of Status	1
Certified Copy	0
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EXAMINER

H/11 000 228 7363

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY
COMPANY
OF

CALAN PHARMACY & DISCOUNT SERVICE, LLC.

ARTICLE I - NAME

The name of the Limited Liability Company is:

CALAN PHARMACY & DISCOUNT SERVICE, LLC.

ARTICLE II - ADDRESS

The mailing address and street address of the principal office of the Limited
Liability Company is:

**1879 W FLAGLER ST
MIAMI, FL. 33135**

ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED
AGENT'S SIGNATURE:

The name and the Florida street address of the registered agent are:

ARTURO ALBERTO OMS

1879 W FLAGLER ST

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

MIAMI, FL. 33135

City, State, and Zip

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TALLAHASSEE, FLORIDA

CLARA GIRALDO P.A.
4080 SW 84 AVE SUITE C
MIAMI, FL 33155
(305) 485-9300

H/11 000 228 7363

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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- MANAGEMENT

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

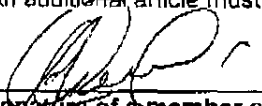
ARTURO ALBERTO OMS
1879 W FLAGLER ST
MIAMI, FL. 33135

MANAGER

CARLOS VITIER SUBIAUL
1879 W FLAGLER ST
MIAMI, FL. 33135

MANAGER

(An additional article must be added if an effective date is requested)



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.)

ARTURO ALBERTO OMS

Typed or printed name of signee

H11 000 228 7363