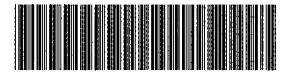
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(Requestor's Name)		
(Address)		
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(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
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DEC 1 7 2013

EFFECTIVE DATE OLD 14

COVER LETTER

TO:

Registration Section Division of Corporations

Charles Pharmacy 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:

Debbie Charles Name of Person	
Firm/Company	
9208 Nugent Trail	
Address	
West Palm Beach Fl 33411	
City/State and Zip Code	
DCHARLESMA@YAHOO.COM	
E-mail address: (to be used for future annual report notification)	
urther information concerning this matter, please call:	

For:

Debbie Charles

Name of Person

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 Liabil	ity Company is:	
Charles Pharmacy 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 L	iability Company is:
Principal Office Address:	Mailing Address:	
9208 Nugent Trail	9208 Nugent Trail	
West Palm Beach Fl 33411	West Palm Beach Fl 33411	
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individualist business entity with an active Florida registration.) The name and the Florida street address of the registered agent are: Debbie R. Charles Name		
9208 Nugent	Trail	
	Florida street address (P.O. Box NOT acceptable)	
West Palm	Beach Fl 33411 _{FL}	कुन क्ष
· · · · · · · · · · · · · · · · · · ·	City, State, and Zip	
liability company at the place registered agent and agree to all statutes relating to the proand accept the obligations of the property of the colling to	red agent and to accept service of process for the ce designated in this certificate, I hereby accept act in this capacity. I further agree to comply vaper and complete performance of my duties, and my position as registered agent as provided for	the appointment as with the provisions of ad I am familiar with

Page 1 of 2

(CONTINUED)

EFFECTIVE DATE OF 10414

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

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u>	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	
MGR. Debbie Charles	9208 Nugent Trail
<u> </u>	West Palm Beach
	FI 33411
MGRM. Ormond Adams	9208 Nugent Trail
WORM. SIMORO AGAINS	West Palm Beach
	Fi 33411
- Add Addition	
	And the second s
(Use attachment if necessary)	
RTICLE V. Effective date if other than t	he date of filing: January 1st 2014
	ust be specific and cannot be more than five business days
prior to or 90 days after the date of filing.	
, it is to the day and the day of image,	'
<u>REQUIRED</u> SIGNATURE:	
	Chah
Signature of a mem	ber or an authorized representative of a member.
An accordance with section 6	08.408(3), Florida Statutes, the execution of this document
	annatur didi satur ne na tri ili anna an ili enamana a tri ili ani
I am aware that any false info	ormation submitted in a document to the Department of State
constitutes a third degree felo	ony as provided for in s.817.155, F.S.)
Debbie Charles	
	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)