

# L14000021305

Division of Corporations

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

From: Account Name : AGENTS AND CORPORATIONS, INC  
Account Number : 120010000112  
Phone : (302) 575-0875  
Fax Number : (302) 575-1642

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FLORIDA LIMITED LIABILITY CO.  
MEDICORP PHARMA PLUS LLC

Certificate of Status	0
Certified Copy	0
Page Count	2
Estimated Charge	\$125.00

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February 6, 2014

FLORIDA DEPARTMENT OF STATE

AGENTS AND CORPORATIONS, INC. <sup>Division of Corporations</sup> \*\*2ND FAX\*\*

SUBJECT: MEDICORP PHARMA PLUS LLC  
REF: W14000007171

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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Agnes Lunt  
Regulatory Specialist II

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

H14000026683 3

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

MEDICORP PHARMA PLUS 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:Mailing Address:

2 334 WESTON ROAD SUITE 104 SAME  
WESTON FLORIDA  
33326

## ARTICLE III - Registered Agent, Registered Office, &amp; 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:

AGENTS AND CORPORATIONS, INC

Name

300 FIFTH AVENUE SOUTH SUITE 101-330Florida street address (P.O. Box NOT acceptable)NAPLESFL 34102

City

Zip

*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 605, F.S.*

By: 

Registered Agent's Signature (REQUIRED)

John L. Williams, President

(CONTINUED)

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**ARTICLE IV:**

The name and address of each person authorized to manage and control the Limited Liability Company

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

STEPHEN MEDFORD  
2334 WESTON ROAD  
SUITE 104 WESTON  
FLORIDA 33326

(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.)

**ARTICLE VI:** Other provisions, if any

REQUIRED SIGNATURE:

\_\_\_\_\_  
 Signature of a member or an authorized representative of a member.  
 (In accordance with section 605.0203 (1) (b), 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.)

Stephen MEDFORD

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)