

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H140000651013)))



H146000651613ABCS

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617~6383

From:

Account Name : LOWNDES, DROSDICK, DOSTER, KANTOR & REED, P.A.

Account Number: 072720000036 Phone: (407)843~4600 Fax Number: (407)843~4444

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

Email Address:

# FLORIDA LIMITED LIABILITY CO. MedPharm Organics, LLC

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$155.00

RECEIVED 4. MAR 18 PM 1: 49 SECRETARY OF STATE

Electronic Filing Menu

Corporate Filing Menu

Help

MAR 1 9 2014 D. BRUGE 8/2014

H14000065101 3

## ARTICLES OF ORGANIZATION OF MEDPHARM ORGANICS, LLC

#### **ARTICLE I - NAME**

The name of this limited liability company is MedPharm Organics, LLC (the "Company").

## ARTICLE II - PRINCIPAL OFFICE

The mailing address and street address of the initial principal office of the Company is 3251 Ponkan Pines Road, Apopka, Florida 32712.

## ARTICLE III - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office of the Company is 215 North Eola Drive, Orlando, Florida 32801, and the name of the initial registered agent of the Company at that address is Michael V. Elsberry.

### ARTICLE IV - MANAGEMENT

The Company is to be managed by one or more managers and is, therefore, a managed company. The initial manager of the Company shall be David Rabb.

Ignature of a Member or an Authorized Representative of a Mem

Michael V. Elsberry

Typed or Printed Name of Signer

#### ACCEPTANCE OF REGISTERED AGENT

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, Florida Statutes.

ichael V. Elsberry