

L14000062921

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

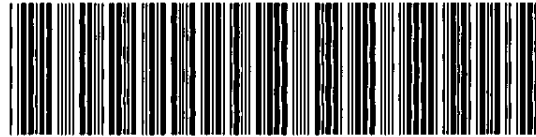
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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DIVISION OF ELECTIONS  
15 MAR -4 PM 4:41  
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TO ACKNOWLEDGE  
SUFFICIENCY OF FILING

FILED  
15 MAR -4 AM 11:46  
STATE OF MISSISSIPPI  
DIVISION OF ELECTIONS

MAR 05 2015  
S. YOUNG

CORP DIRECT AGENTS, INC. (formerly CCRS)  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301  
222-1173

**FILING COVER SHEET**  
**ACCT. #FCA-23**

**CONTACT:** Kim Weidenbach

**DATE:** 03/04/15

**REF. #:** 9464735

**CORP. NAME:** SMP PHARMACY SOLUTIONS, LLC

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION   | <input type="checkbox"/> ARTICLES OF AMENDMENT  | <input checked="" type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT               | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME                    |
| <input type="checkbox"/> FOREIGN QUALIFICATION       | <input type="checkbox"/> LIMITED PARTNERSHIP    | <input type="checkbox"/> LIMITED LIABILITY                  |
| <input type="checkbox"/> REINSTATEMENT               | <input type="checkbox"/> MERGER                 | <input type="checkbox"/> WITHDRAWAL                         |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION |   |   |

☐ OTHER:

*\* File First \**

STATE FEES PREPAID WITH CHECK# 70036545 FOR \$ 55.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

\_\_\_\_\_ COST LIMIT: \$ \_\_\_\_\_

**PLEASE RETURN:**

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS     |   |   |

Examiner's Initials

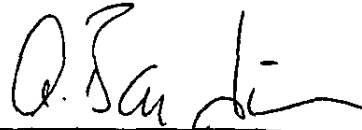
FILED  
15 MAR -4 PM 11:44  
TALLAHASSEE, FL  
CORP. SEC. DIV.

**ARTICLES OF DISSOLUTION  
OF  
SMP PHARMACY SOLUTIONS, LLC**

Pursuant to Section 605.0707, Florida Statutes, SMP PHARMACY SOLUTIONS, LLC, a Florida limited liability company submits the following Articles of Dissolution:

1. The name of the limited liability company as currently filed with the Florida Department of State is SMP PHARMACY SOLUTIONS, LLC (the "Company").
2. The Company's Articles of Organization were filed on April 16, 2014 and assigned document number L14000062921.
3. The Company's dissolution is effective upon filing of these Articles of Dissolution.
4. The dissolution was approved and adopted by the consent of all of the members of the Company. The number of votes cast for dissolution was sufficient for approval.

IN WITNESS WHEREOF, the undersigned has executed these Articles of Dissolution as of the 4th day of March, 2015.



Armando Bardisa, Authorized Person

FILED  
15 MAR -4 AM 11:44  
TALLAHASSEE  
FLORIDA

**SMP PHARMACY SOLUTIONS, LLC**  
6050 South Dixie Highway  
Miami, FL 33143

**WRITTEN CONSENT GRANTING APPROVAL FOR USE OF NAME  
AND CONFIRMATION OF DISSOLUTION**

SMP Pharmacy Solutions, LLC, a Florida limited liability company (the "Dissolving Company"), incorporated on April 16, 2014, and filed Articles of Dissolution on March 4, 2015. The Company will not revoke its dissolution and does hereby grant permission and approve the filing of the Articles of Amendment to the Articles of Organization of South Miami Pharmacy Compounding, LLC, a Florida limited liability company in Florida to change its name as follows:

**SMP Pharmacy Solutions, LLC**

The undersigned, being an authorized person of the Company has executed this Written Consent Granting Approval for Use of Name and Confirmation of Dissolution on behalf of the Company this 4th day of March, 2015.

**SMP Pharmacy Solutions, LLC, a Florida  
limited liability company**

By: A. Bardis  
Armando Bardisa, Manager

FILED  
15 MAR -6 AM 11:44  
CLERK OF DISTRICT COURT  
MIAMI, FLORIDA