L14000077199

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

700259822847

RECEIVED
2014 MAY -2 PM 4:36
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

PLEASE RETURN
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

FILED
14 MAY -2 PM 3:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 13 2014

CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 117189 4310149

AUTHORIZATION :

COST LIMIT : $ 125.00

ORDER DATE : May 2, 2014

ORDER TIME : 3:13 PM

ORDER NO. : 117189-015

CUSTOMER NO: 4310149

DOMESTIC FILING

NAME: EXTENDED DELIVERY
PHARMACEUTICALS, LLC

EFFECTIVE DATE:

_____ ARTICLES OF INCORPORATION
_____ CERTIFICATE OF LIMITED PARTNERSHIP
XX ____ ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Chasity Busbee - EXT. 62974

EXAMINER'S INITIALS: _____

FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 5, 2014

RESUBMIT
Please give original submission date as file date.

CSC
CHASITY BUSBEE
TALLAHASSEE, FL

SUBJECT: EXTENDED DELIVERY PHARMACEUTICALS, LLC
Ref. Number: W14000028084

We have received your document for EXTENDED DELIVERY PHARMACEUTICALS, LLC and the authorization to debit your account in the amount of $125.00. However, the document has not been filed and is being returned for the following:

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Teresa Brown
Regulatory Specialist II

Letter Number: 014A00009475

RECEIVED
14 MAY -8 PM 1:54
DIVISION OF CORPORATIONS

FLORIDA DEPARTMENT OF STATE
Division of Corporations

RESUBMIT
Please give original submission date as file date.

2014 MAY 12 PM 1:48

May 9, 2014

CSC
CHASITY BUSBEE
TALLAHASSEE, FL

SUBJECT: EXTENDED DELIVERY PHARMACEUTICALS, LLC
Ref. Number: W14000028084

We have received your document for EXTENDED DELIVERY PHARMACEUTICALS, LLC and the authorization to debit your account in the amount of $125.00. However, the document has not been filed and is being returned for the following:

Please designate a registered agent and not the statutory agent.

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Teresa Brown
Regulatory Specialist II

Letter Number: 014A00009954

FILED
14 MAY -2 PM 3:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION
OF
EXTENDED DELIVERY PHARMACEUTICALS, LLC
(a Florida Limited Liability Company)

The undersigned hereby forms a limited liability company under the Florida Limited Liability Company Act.

ARTICLE I

The name of the limited liability company is **Extended Delivery Pharmaceuticals, LLC** (the "Company").

ARTICLE II

The mailing address and street address of the principal office of the limited liability company is:

Principal Office Address:	Mailing Address:
841 NE 33rd Street	841 NE 33rd Street
Boca Raton, FL 33431	Boca Raton, FL 33431

ARTICLE III

The Registered Agent for Service for the Company shall be James Fiore, having a business address of 841 NE 33rd Street, Boca Raton, FL 33431 and a residence address at 841 NE 33rd Street, Boca Raton, FL 33431.

Having been named as registered agent and to accept service of process for the above state limited liability company at the place designed 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 in Chapter 605 of the Florida Statutes.

James Fiore

ARTICLE IV

The name and address of the Manager and Member is: James Fiore, 841 NE 33rd Street, Boca Raton, FL 33431.

[Signature Page Follows]

In accordance with Section 605.0203 (1)(b) of the 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 Section 817.155 of the Florida Statutes.

Dated: April 30, 2014

Extended Delivery Pharmaceuticals, LLC

By: _____
James Fiore, Organizer