

**L15000016635**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**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.**

((H15000022027 3)))



H150000220273ABCT

**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 : CORP USA  
Account Number : 072450003255  
Phone : (305) 634-3694  
Fax Number : (305) 633-9696

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

Email Address: \_\_\_\_\_

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2015 JAN 28 AM 7:46

FILED

**FLORIDA LIMITED LIABILITY CO.  
SPECIALTY PHARMACEUTICAL ASSOCIATES OF  
FLORIDA BX, LLC**

|                       |          |
|-----------------------|----------|
| Certificate of Status | 0        |
| Certified Copy        | 1        |
| Page Count            | 03       |
| Estimated Charge      | \$155.00 |

88149

RECEIVED  
15 JAN 28 AM 10:00  
DIVISION OF CORPORATIONS  
BUREAU OF COMMERCIAL  
INFORMATION SERVICES

Electronic Filing Menu

Corporate Filing Menu

Help

H15000022027

③

**ARTICLES OF ORGANIZATION FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I**

The Name of the Limited Liability Company shall be: **SPECIALTY  
PHARMACEUTICAL ASSOCIATES OF FLORIDA BX, LLC**

FILED  
2015 JAN 28 AM 7:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE II**

The Company is organized for any legal and lawful purpose for which a limited liability company may be organized pursuant to the act.

**ARTICLE III**

The mailing address and street address of the principal office of the limited liability company is: 6338 LANTANA ROAD, SUITE 52-53 LAKE WORTH, FL 33463

**ARTICLE IV**

The name and Florida street address of the registered agent shall be:

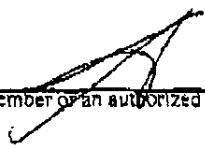
GUY D. SPERDUTO  
8963 STIRLING ROAD STE 101  
COOPER CITY, FL 33328

**CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/ REGISTERED  
OFFICE/ MEMBER/ REPRESENTATIVE**

Specialty Pharmaceutical Associates of Florida BX, LLC  
(Name of Company)

Having been named as the registered agent and to accept service of process for the above stated Limited Liability Company at the place designated in the articles of organization, 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.

  
\_\_\_\_\_  
REGISTERED AGENT

  
\_\_\_\_\_  
Signature of a member or an authorized representative of a member

(In accordance with section ~~605.023(2)~~, Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Guy D. Sperduto CPA, PA  
Typed or printed name of signer

FILED  
2015 JAN 28 AM 7:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA