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COVER LETTER

	egistration Section ivision of Corporations
SUBJECT	Rx Law Air LLC
SUBSECT	Name of Limited Liability Company
The enclos	ed Articles of Organization and fee(s) are submitted for filing.
Please retu	rn all correspondence concerning this matter to the following:
	Lisa Landsman, as Registered Agent
	Name of Person
	Landsman & Associates, P.A.
	Firm/Company
	1920 E. Hallandale Beach Blvd #802
	Address
	Hallandale Beach, Florida 33009
	City/State and Zip Code Ilandsman@mindspring.com
•	E-mail address: (to be used for future annual report notification)
For further is	nformation concerning this matter, please call:
	Lisa Landsman, as Incorporator 305 8915868
	Name of Person Area Code Daytime Telephone Number
Enclosed is	s a check for the following amount:
\$125.00 Fi	ling Fee \$\int \text{\$130.00 Filing Fee & Certificate of Status}\$\text{\$155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)}\$\text{\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)}\$

Mailing Address

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
Rx Law Air 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	ELimited Liability Company is:
Principal Office Address:	Mailing Address:
1920 E. Hallandale Beach Blvd #802	1920 E. Hallandale Beach Blvd #802
Hallandale Beach, Florida 33009	Hallandale Beach, Florida 33009
ARTICLE III - Registered Agent, Registered Office, & Registe	
(The Limited Liability Company cannot serve as its own Registered another business entity with an active Florida registration.)	d Agent. You must designate an individual or
arother business entity with an active Florida registration.)	A Company
The name and the Florida street address of the registered agent are:	· · · · · · · · · · · · · · · · · · ·
Lisa Landsman, as Registered A	Agent SSEE FLOR STATE ST
Name	
1000 F 14 11 F 1 F 1 F 1	me A
1920 E. Hallandale Beach Blvd Florida street address (P.O. Bo	x NOT acceptable)
·	A TOTAL acceptable)
Hallandale Beach, Florida	T>*
City State	e Zip
Having been named as registered agent and to accept service of proce	ess for the above stated limited liability company at the
place designated in this certificate, I hereby accept the appointment as	
further agree to comply with the provisions of all statutes relating to th am familiar with and accept the obligations of my position as registers	ne proper and complete performance of my duties, and I ed agent as provided for in Chapter 605. F.S.
	,
The Vine	
Registered Agent	s's Signature (REQUIRED)
V	
(CONTI	NUED)

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<u>Title:</u> "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager	Mark Pomeranz, MGR	
		—
		
(Use attachment if necessary)		
EV: Effective date, if other than the date of ective date is listed, the date must be spe-	of filing: (OPTIONAL cific and cannot be more than five business days prior to	
EV: Effective date, if other than the date of dective date is listed, the date must be specifiling.) If the date inserted in this block does not ment's effective date on the Department of	cific and cannot be more than five business days prior to eet the applicable statutory filing requirements, this date v	or 90 d
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E V: Effective date, if other than the date of ective date is listed, the date must be spend filing.) the date inserted in this block does not moment's effective date on the Department of E VI: Other provisions, if any not all legally permissible business. REQUIRED SIGNATURE: Signature of a mer This document is execute I am aware that any false constitutes a third degree	nber or an authorized representative of a member. In accordance with section 605.0203 (1) (b), Florida Stainformation submitted in a document to the Department of felony as provided for in s.817.155, F.S.	will not

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