

MAY. 16. 2018 2:23PM
5/16/2018

GRAY ROBINSON

Division of Corporations

NO. 1149

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Yvonne Mendez
Account Name : GRAY ROBINSON, P.A.
Account Number : 075154001651
Phone : (321)727-8100
Fax Number : (321)984-4122

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

Email Address: *Yvonne.mendez@gray-robinson.com*

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2018 MAY 18 PM 3:46

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
COMMERCIAL SERVICES

**FLORIDA LIMITED LIABILITY CO.
St. Augustine Pharmacy, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

18 MAY 18 AM 9:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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MAY 21 2018

**ARTICLES OF ORGANIZATION
FOR FLORIDA LIMITED LIABILITY COMPANY
OF
ST. AUGUSTINE PHARMACY, LLC**

The undersigned desiring to form a limited liability company hereby states as follows.

ARTICLE I - NAME

The name of this limited liability company (the "Company") is ST. AUGUSTINE PHARMACY, LLC.

ARTICLE II - PRINCIPAL OFFICE AND MAILING ADDRESS

The street address and mailing address of the principal office of the Company is 6525 3rd Street, Suite 409, Rockledge, FL 32955.

ARTICLE III - PURPOSE

The purpose for which the Company is organized is any and all lawful business purposes.

ARTICLE IV - REGISTERED AGENT AND OFFICE

The name and street address of the initial registered agent for service of process in the state for this Company is Philip F. Nohr whose address is 1795 West NASA Blvd., Melbourne, FL 32901.

ARTICLE V - MANAGER/MEMBER

The name and address of the initial persons authorized to manage and control the Limited Liability Company:

Title:

"AMBR" (Authorized Member)

Name and Address:

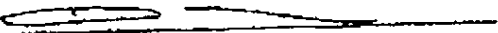
Maurice Kodsi
6525 3rd Street, Suite 409
Rockledge, FL 32955

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"AMBR" (Authorized Member)

Robert Kodosi
6525 3rd Street, Suite 409
Rockledge, FL 32955

IN WITNESS WHEREOF, the undersigned executed these Articles of
Organization this 18 day of May, 2018.


Robert Kodosi
an authorized member

(In accordance with section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am an authorized representative of a member and am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in S.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.)

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**CERTIFICATE DESIGNATING PLACE OF BUSINESS OR
DOMICILE FOR THE SERVICE OF PROCESS WITHIN THIS
STATE NAMING AGENT UPON WHOM PROCESS MAY BE SERVED**

FIRST, that ST. AUGUSTINE PHARMACY, LLC, desiring to organize under the laws of the State of Florida, with its principal office as indicated by the Articles of Organization in the City of Merritt Island, County of Brevard, State of Florida, has named Philip F. Nohrr whose address is 1795 West NASA Blvd., Melbourne, FL 32901 as its agent to accept service of process within this State.

ACKNOWLEDGMENT

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, F.S.

Philip F. Nohrr
PHILIP F. NOHRR

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