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To:
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From:
Account Name : ARAZOZA & FERNANDEZ-FRAGA P.A.
Account Number : 076624003440
Phone : (305)444-6226
Fax Number : (305)442-4829

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

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FLORIDA LIMITED LIABILITY CO.
PHARMA COLLECTIONS LLC

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2019 DEC -4 AM 9:36

SECRETARY OF STATE
TALLAHASSEE, FLARTICLES OF ORGANIZATIONOFPHARMA COLLECTIONS LLC

The undersigned members to these Articles of Organization hereby associate themselves together to form a Limited Liability Company under the laws of the State of Florida.

ARTICLE I
NAME

The name of this Limited Liability Company is: PHARMA COLLECTIONS LLC.

ARTICLE II
GENERAL NATURE OF BUSINESS

The Limited Liability Company may engage in any activity or business permitted under the laws of the United States and of the State of Florida.

ARTICLE III
TERM OF EXISTENCE

This Limited Liability Company is to exist perpetually. The Limited Liability Company's business will continue without regard to the death, retirement, resignation, expulsion, bankruptcy or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the Limited Liability Company.

ARTICLE IV

The principal office address and the mailing address of this Company in the State of Florida is located at 2100 SALZEDO STREET, SUITE 201, CORAL GABLES FL 33134. The Board of Managers may from time to time move the principal office to another address in Florida.

ARTICLE V
REGISTERED OFFICE, REGISTERED AGENT

That PHARMA COLLECTIONS LLC, desiring to organize under the laws of the State of Florida, with its principal office as indicated in the Articles of Organization at the County of Miami-Dade, State of Florida, hereby designates ARAZOZA & FERNANDEZ-FRAGA P.A., as its Registered Agent, to accept services within the State. The registered office of the corporation shall be 2100 SALZEDO STREET, SUITE 300, CORAL GABLES FL 33134.


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ARTICLE VI
MANAGEMENT

The Limited Liability Company is to be managed by one or more managers and is, therefore, a manager - managed company. The initial Manager shall be:

JORGE MASSA DUSTOU, of
2100 SALZEDO STREET, SUITE 201
CORAL GABLES FL 33134

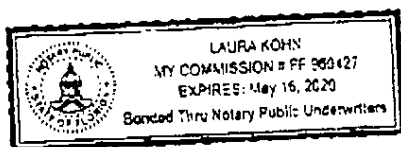
WITNESS the hand and seal of the Authorized Person in Miami-Dade County, State of Florida, this 4th day of December 2019

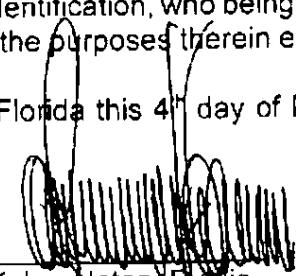

Carlos F. Arazoza
Authorized Person

STATE OF FLORIDA)
) SS:
COUNTY OF MIAMI-DADE)

PERSONALLY appeared before me, Carlos F. Arazoza, as Authorized Person for PHARMA COLLECTIONS LLC, for and on behalf of the entity, who is personally known to me or presented his _____ as identification, who being by me first duly sworn, acknowledges that he signed the same for the purposes therein expressed.

WITNESS my hand and seal at Miami-Dade County, Florida this 4th day of December, 2019.





Laura Kohn, Notary Public
State of Florida at Large

My commission expires:

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CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN FLORIDA, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED.

In compliance with Section 48.091, Florida statutes, the following is submitted:

FIRST: That PHARMA COLLECTIONS LLC, desiring to organize or qualify under the laws of the State of Florida, with its principal place of business at the County of Miami-Dade, State of Florida, has named ARAZOZA & FERNANDEZ-FRAGA P.A., as its Registered Agent, to accept services within the State. The registered office of the company shall be located at 2100 SALZEDO STREET, SUITE 300, CORAL GABLES FL 33134.

Having been named to accept service of process for the above stated Limited Liability Company, at the place designated in this certificate, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties.

The Registered Agent:

Arazoza & Fernandez-Fraga P.A.

By: 

Carlos F. Arazoza

Director

December 4, 2019

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SECRETARY OF STATE
TALLAHASSEE FL

FILED