

12/26/2019

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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

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

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From:

Account Name : C T CORPORATION SYSTEM  
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Phone : (614)280-3338  
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DEC 26 2019

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

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

FLORIDA LIMITED LIABILITY CO.  
Medpoint Pharmacy LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Medpoint Pharmacy LLC

(Must contain 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 Limited Liability Company is:

Principal Office Address:23020 Sandalfoot Plaza Dr.  
Boca Raton, FL 33428Mailing Address:23020 Sandalfoot Plaza Dr.  
Boca Raton, FL 33428**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

NRAI Services, Inc.

Name

1200 South Pine Island RoadFlorida street address (P.O. Box **NOT** acceptable)Plantation, Florida 33324

City State Zip

*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..*

NRAI Services, Inc.

By: James M. Halpin James M. Halpin- Assistant Secretary  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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 2019-12-26 13:10:26 CST  
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**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

**Name and Address:**

Silver Surfer Group LLC

23020 Sandalwood Plaza Dr.

Boca Raton, FL 33428

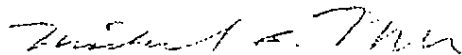
(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

**REQUIRED SIGNATURE:**


Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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 s.817.155, F.S.

Michael B. Nelson

Typed or printed name of signee

**Filing Fees:**

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

L19000305793

MEDPOINT PHARMACY, INCORPORATED  
23020 Sandalfoot Plaza Drive  
Boca Raton, Florida 33428

December 26, 2019

To Florida Division of Corporations

Please be advised that Medpoint Pharmacy, Incorporated (P10000023981) gives consent for the use of similar name to Medpoint Pharmacy LLC.

Sincerely,

Medpoint Pharmacy, Incorporated

By: Anna Bukrisky

Name: ANNA BUKRISKY

Title: PRESIDENT / OWNER

2019-12-26 14:51:13