Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

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From:

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Account Number : I20000000019 : (305)552-5973 Fax Number : (305)675-5944

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. **DRUGS4DINNER LLC**

Certificate of Status	1
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Corporate Filing Menu

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limi	ited Liability Company is:	
Drugs 4 Dir		
ARTICLE II - Address The mailing address a Company is:	s: and street address of the principal office of the Limited Liability	_
15335 S.W.	102nd RD Miami FL, 33157	_
		_
ine name and the Flo	ered Agent, Registered Office: orida street address of the registered agent are: (The Limite: Liability on Registered Agent. You must designate an individual or another business entity ion.)	
Tomas Av	Honic Romero Tabora	
15325 S.W.	10 And RD Miomi FL, 3315?	_
Liability Company: (M	each person authorized to manage and control the Limited. Some or AMBR) tonio Romevo Tabova (AMBR)	
	- F3	
	. o	
		_
		_

Required Signatures:

3052201440

Signature of a member or an authorized representative of a 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 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.

Tomas Antonio Romero Tabora

Typed or printed name of signee

Having been plamed 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...

Registered Agent's Signature (REQUIRED)