From: Mark Fuchs

https://efile.sunbiz.org/scripts/efileovr.exe

Florida Department of State Division of Corporations

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : FILE RIGHT LLC
Account Number : I20170000091
Phone : (718)878-5811
Fax Number : (718)732-4580

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

F. C. F. IV F.D.

LEPS - L. AM 10: 20

EPFELS: GENERALION

ESPORTS: CONTRACTOR

Email Address:

FLORIDA LIMITED LIABILITY CO. SPECIALTY RX SOUTH FL LLC

Certificate of Status	0
Certified Copy	0
Page Count	0.3
Estimated Charge	\$125.00

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Corporate Filing Menu

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From: Mark Fuchs

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COVER LETTER

	New Filing Section Division of Corporations	
SHRIECT	SPECIALTY RX SOUTH FL LLC	
SUBJECT	Name of Limited Liability Company	
The enclose	sed Articles of Organization and fee(s) are submitted for filing.	
Please retui	irn all correspondence concerning this matter to the following:	
	Name of Person	_
	FILE RIGHT LLC	
	Firm/Company	_
	1425 37TH STREET, SUITE 201	_
	Address	
	BROOKLYN, NY 11218	_
	City/State and Zip Code sales@fileacorp.com	
-	E-mail address: (to be used for future annual report notification)	_
For further in	information concerning this matter, please call:	
	Sara 718 878-5811 at ()	
	Name of Person Area Code Daytime Telephone Number	
Enclosed is	s a check for the following amount:	
✓ \$125,00 Fi	iling Fee S130.00 Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee, Certificate of Status (additional copy is enclosed) S160.00 Filing Fee, Certified Copy (additional copy is enclosed)	
	MailingAddressStreetAddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, F1, 323142661 Executive Center CircleTallahassee, F1, 32301	

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

SPECIALTY RX SOUTH FLILLC

(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:	Mailing Address:
15461 SW 12TH ST, STE 108	2 BERGEN TURNPIKE
SUNRISE, FL 33326	RIDGEFIELD PARK, NJ 07660
	-

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.

JOEL ZUPNICK		
	Name	
15461 SW 12TH ST	r, STE 108	
Florida street addre	ss (P.O. Box <u>NOT</u> ac	cceptable)
SUNRISE	FL	<u> 33</u> 326
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. Thereby 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..

/s/Joel Zupn	ick
Registered Agent's Si	gnature (REQUIRED)
(CONTINUE	ED)
(CONTINUE	ED)



From: Mark Fuchs

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	Name and Address:
AMBR" = Authorized Membe	
MGR" = Manager	ICALL CATABARICAL
AMBR	JOEL ZUPNICK 789 BEDFORD AVE
	BROOKLYN, NY 11205
V: Effective date, if other tha tive date is listed, the date m filing.)	the date of filing:
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