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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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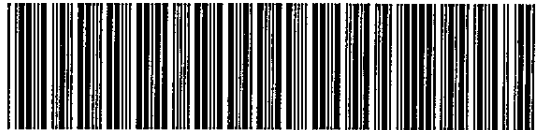
Certificates of Status 1

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# Pharmacom International

Michelle Hodges  
409 E Gaines St  
Tallahassee, FL 32399

March 16, 2004

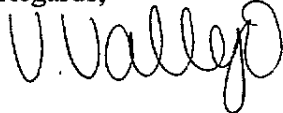
Dear Michelle,

Enclosed, you will find the following documents:

- Certificate of existence from the Government of The Virgin Islands
- The application by Foreign LLC to transact business in Florida.
- The certificate of Designation of Registered Agent
- Check for fees totaling \$ 160.00

If you have any questions, please contact me at (305) 416-4323 ext. 256  
I will be calling your office next week to check status of application.

Regards,



Vanessa Vallejo  
Pharmacom International, Executive Assistant

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO  
TRANSACTION BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTIONS BUSINESS IN THE STATE OF FLORIDA:

1. PHARMACOM, LLC  
(Name of foreign limited liability company)

2. US.VT 3. 66-0626811  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. JUNE 9 2003 5. PERPETUAL  
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")

6. February 10, 2004  
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))

7. 601 Brickell Key Dr. #703  
Miami Fla. 33131  
(Street address of principal office)

8. If limited liability company is a manager-managed company, check here ☒

9. The name and usual business addresses of the managing members or managers are as follows:

MARSHALL KANNER, 601 BRICKELL KEY DR. #703 MIAMI FLA.  
ORLANDO BIRNBAUMER, 601 BRICKELL KEY DR. #703 MIAMI FLA. 33131

10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: Retail

Community Pharmacy

Signature of a member or an authorized representative of a member  
(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

MARSHALL KANNER

Typed or printed name of signee

FILED  
MAR 18 AM 11:16  
CLERK OF THE COURT  
JUDICIAL CIRCUIT IN AND FOR  
THE NINTH JUDICIAL CIRCUIT  
MIAMI, FLORIDA

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

PHARMACOM, LLC

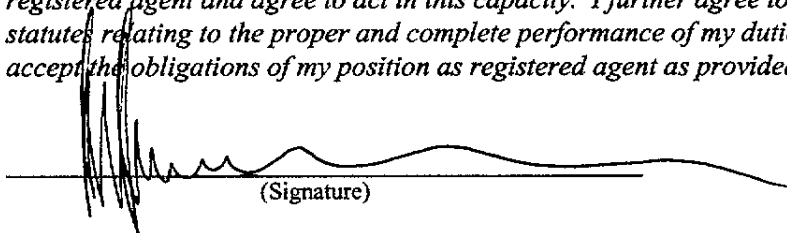
2. The name and the Florida street address of the registered agent and office are:

MARSHALL KANNER  
(Name)

601 BRICKELL KEY DR. #703  
Florida street address (P.O. Box **NOT** ACCEPTABLE)

MIAMI FL 33131  
(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 608, F.S.*

  
(Signature)

\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

**GOVERNMENT OF  
THE VIRGIN ISLANDS OF THE UNITED STATES**

-O-

CHARLOTTE AMALIE, ST. THOMAS, VI 00802

**OFFICE OF THE LIEUTENANT GOVERNOR**

**CERTIFICATE OF EXISTENCE**

To Whom These Presents Shall Come:

I, VARGRAVE A. RICHARDS, Lieutenant Governor of the Virgin Islands, do hereby certify:

That PHARMACOM, LLC filed Articles of Organization with the Office of the Lieutenant Governor on June 9, 2003 and the Company is duly organized under the laws of the United States Virgin Islands;

*That the duration of this Limited Liability Company is perpetual;*

That the company has paid all applicable fees to date; and

That Articles of Termination have not been filed by the company.

In Witness Whereof, I have hereunto set my hand and affix the seal of the Government of the United States Virgin Islands, at Charlotte Amalie, this 9th day of March, A.D. 2004.

*Vargrave Richards*

**VARGRAVE A. RICHARDS**  
Lieutenant Governor of the Virgin Islands

FILED  
04 MAR 18 AM 11:16  
FEDERAL BUREAU OF INVESTIGATION  
U.S. DEPARTMENT OF JUSTICE  
ST. THOMAS, VIRGIN ISLANDS

