

W06000081308

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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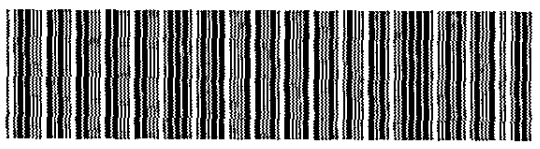
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CORPDIRECT AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

CONTACT: TRACY SPEAR

DATE: 08/16/06

REF. #: 000380.56220

CORP. NAME: CAREPHARMA, LLC

- | | | |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input type="checkbox"/> OTHER: | | |

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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STATE FEES PREPAID WITH CHECK# 518165 FOR \$ 155.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$ _____

PLEASE RETURN:

- | | | |
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| <input checked="" type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials

**ARTICLES OF ORGANIZATION
OF
CAREPHARMA, LLC**

The undersigned authorized representative of **CarePharma, LLC**, under Section 608.407 of the Florida Limited Liability Company Act, hereby adopts the following Articles of Organization:

ARTICLE I - NAME

The name of this limited liability company (the "Company") is CarePharma, LLC.

ARTICLE II - ADDRESS

The mailing and street address of the principal office of the Company shall be 2151 LeJeune Road, Suite 307, Coral Gables, FL 33134.

ARTICLE III - REGISTERED AGENT AND REGISTERED OFFICE

The street address of the Company's registered office shall be c/o Kirkpatrick & Lockhart Nicholson Graham LLP, 201 South Biscayne Blvd., 20th Floor, Miami, Florida 33131, and the registered agent for the Company at that address shall be Martin T. Schrier.

ARTICLE IV - MANAGING MEMBER

The name and address of the Managing Member of the Company is as follows:

Pablo L. Cejas	2151 LeJeune Road, Suite 307 Coral Gables, FL 33134
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IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization this 16th day of August, 2006.



Martin T. Schrier, Authorized Representative

**CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/OFFICE
OF
CAREPHARMA, LLC**

PURSUANT TO THE PROVISIONS OF SECTIONS 608.407 AND 608.415, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/ REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is **CarePharma, LLC**.
2. The name and address of the registered agent and office is Martin T. Schrier, c/o Kirkpatrick & Lockhart Nicholson Graham LLP, 201 S. Biscayne Blvd., 20th Floor, Miami, Florida 33131.

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, Florida Statutes.

Dated this 16th day of August, 2006.



Martin T. Schrier, Registered Agent

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