

CT CORPORATION SYSTEM

L010000012800

CORPORATION(S) NAME

Merck-Medco Rx Services of Florida, No. 5, L.C.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 AUG - 1 AM 8:15

APPROVED
AND
FILED

RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA
AUG - 1 AM 3:49
NOT IN THE PUBLIC
TO BE KNOWN
SUFFICIENCY OF FILING

- | | | |
|--|---|---|
| <input type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> Nonprofit | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark |
| <input type="checkbox"/> Foreign | <input type="checkbox"/> Reinstatement | <input type="checkbox"/> Other |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Change of RA |
| <input type="checkbox"/> LLC | <input type="checkbox"/> Name Registration | <input type="checkbox"/> UCC |
| <input type="checkbox"/> Certified Copy | <input type="checkbox"/> Fictitious Name | <input type="checkbox"/> CUS |
| <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Photocopies | |
| <input checked="" type="checkbox"/> Walk In | <input type="checkbox"/> Call If Problem | <input type="checkbox"/> After 4:30 |
| <input type="checkbox"/> Mail Out | <input type="checkbox"/> Will Wait | <input checked="" type="checkbox"/> Pick Up |

Name _____
Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____

8/1/01

Order#: 4702424

Ref#: _____

Amount: \$ _____

MS

660 East Jefferson Street
Tallahassee, FL 32301
Tel. 850 222 1092
Fax 850 222 7615

A CCH LEGAL INFORMATION SERVICES COMPANY

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-08/02/01--01005--010
****125.00 ****125.00

MS
8-2-01

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Merck-Medco Rx Services of Florida, No. 5, L.C.

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

8800 Hidden River Parkway, Tampa, Florida 33637

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

CT Corporation System
 Name
c/o CT Corporation System, 1200 South Pine Island Road
 Florida street address (P.O. Box NOT acceptable)
 Plantation FL 33324
 City, State, and 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..

CT Corporation System
Carrie Boyer
 Registered Agent's Signature

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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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 AND
 FILED

Article IV - Management (Check box if applicable.)

The Limited Liability Company is to be managed by one manager or more managers and, therefore, a manager - managed company.

~~Merck-Medco Managed Care, L.L.C.
 (An additional filing may be added if an effective date is requested)~~

By: David S. Machlowitz

Signature of a member or an authorized representative of a member.
 David S. Machlowitz, Senior Vice President & General Counsel
 (In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)
 PAID PRESCRIPTIONS, L.L.C.

By: Daniel C. Walden

Daniel C. Walden, Senior Vice President

- FILING FEES:**
 \$ 100.00 Filing Fee for Articles of Organization
 \$ 25.00 Designation of Registered Agent
 \$ 30.00 Certified Copy (OPTIONAL)
 \$ 5.00 Certificate of Status (OPTIONAL)