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Florida Department of State
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L. SELLERS

MAY 26 2011

From: Account Name : BUSINESS FILINGS
Account Number : 105256001620
Phone : (608)827-5300
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EXAMINER

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

Email Address: Macilipati14@gmail.com

**FLORIDA LIMITED LIABILITY CO.
JACKSON RX PHARMACY LLC**

Certificate of Status	0
Certified Copy	1
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**ARTICLES OF ORGANIZATION
OF
JACKSON RX PHARMACY LLC**

ARTICLE I NAME

The name of the limited liability company shall be: JACKSON RX PHARMACY LLC

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be: 1717 North Bayshore Drive, Suite 106, Miami, Florida 33132.

ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the initial registered agent is: Business Filings Incorporated, 1203 Governors Square Blvd, Suite 101, Tallahassee, Florida 32301-2960. Located in the County of Leon.

ARTICLE IV DURATION

The duration for the limited liability company shall be: Perpetual.

ARTICLE V MANAGERS/MEMBERS

The management of the limited liability company is reserved for the managers and the names and addresses of the managers of the Limited Liability Company are:

JAMSHID JABBARI, 1717 NORTH BAYSHORE DRIVE, SUITE 106, MIAMI, Florida 33132



Date: May 25, 2011

Business Filings Incorporated, Organizer

Mark Williams, A.V.P.

Authorized Representative

Prepared by Mark Williams, Business Filings Incorporated, 8040 Excelsior Dr., Suite 200, Madison, WI 53717

608-827-5300

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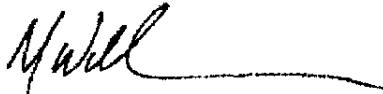
CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED COMPANY, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

The name of the limited liability company is: JACKSON RX PHARMACY LLC

The name and address of the registered agent and office is Business Filings Incorporated, 1203 Governors Square Blvd, Suite 101, Tallahassee, Florida 32301-2960. Located in the County of Leon.

Having been named as registered agent and to accept service of process for the above stated 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.



Signature: _____
Mark Williams, A.V.P. Business Filings Incorporated

Date: May 25, 2011

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