

L20000226929

Division of Corporations

Florida Department of State

Division of Corporations
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FLORIDA LIMITED LIABILITY CO.
POLARIS PHARMACY BENEFITS, LLC

Certificate of Status	1
Certified Copy	1
Page Count	04
Estimated Charge	\$160.00

20 AUG -5 PM 8:47

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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
COMMERCIAL
SERVICES

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Polaris Pharmacy Benefits, LLC

(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:

2900 NW 60th Street
Ft. Lauderdale, FL 33309

2900 NW 60th Street
Ft. Lauderdale, FL 33309

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:

Abraham A. Galbur

Name

4770 Biscayne Blvd., #1400

Florida street address (P.O. Box **NOT** acceptable)

Miami

FL


33137

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 605, F.S.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

2007-05-11 8:47

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

Name and Address:

"AMBR" = Authorized Member

"MGR" = Manager

Manager:

David Rombro
2900 NW 60th Street
Ft. Lauderdale, FL 33309

Manager:

Simcha Hyman
2900 NW 60th Street
Ft. Lauderdale, FL 33309

President

Abraham A. Galbut
4770 Biscayne Blvd., #1400
Miami, FL 33137

Vice President

Naftali Zanziper
2900 NW 60th Street
Ft. Lauderdale, FL 33309

(Use attachment if necessary)

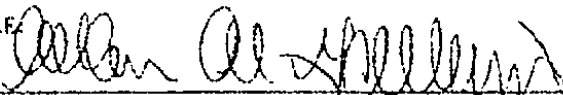
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE



Signature of a member or an authorized representative of a member.
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Abraham A. Galbut

Typed or printed name of signer

Filing Fees:

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

2011-08-17 11:18:47

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Polaris Pharmacy Benefits, LLC

List of Managers and Authorized Members

1. Manager / President

a. David Rombro

i. 2900 NW 60th Street, Ft. Lauderdale, FL 33309

2. Manager / President

a. Simcha Hyman

i. 2900 NW 60th Street, Ft. Lauderdale, FL 33309

3. Manager / President

a. Abraham Galbut

i. 4770 Biscayne Blvd., #1400, Miami, FL, 33137

4. Vice President

a. Eric Galbut

i. 4770 Biscayne Blvd., #1400, Miami, FL, 33137

5. Vice President

a. Naftali Zanziper

i. 2900 NW 60th Street, Ft. Lauderdale, FL 33309

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