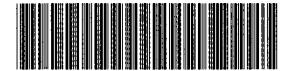
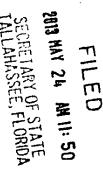
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MAY 2 8 2013

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations			
SUBJECT: BRYANT PHARMACEUTICAL AGENCY, LLC.			
(Name of Limited Liability Company)			
The enclosed Articles of Organization and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
LEW]	S E. DINKINS	ESOUIRE	
		Name of Person)	
LEWI	S E. DINKINS,	P.A.,	
	(Firm/Company)	
201 N. E. 8th Ave.,			
(Address)			
Ocala, Florida 34470			
(City/State and Zip Code)			
For further information concerning this matter, please call:			
Mickey Miller c/o L.E. Dinkins at (352) 622-4176			
(Name of Person)		(Area Code & Daytime	Telephone Number)
Enclosed is a check for the follo	wing amount:		
	.00 Filing Fee & ate of Status	**S155.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
STREET ADDR Registration Sect Division of Corpo 409 E. Gaines Str Tallahassee, Flor	ion orations reet	Registration Division of P.O. Box 63	Corporations

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY FOR

BRYANT PHARMACEUTICAL AGENCY, LLC.

ARTICLE I NAME

The name of the Limited Liability Company is:

BRYANT PHARMACEUTICAL AGENCY, LLC.

ARTICLE II ADDRESS

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

Principal Office Address:

714 Southwest Third Street Ocala, Florida 34471

Mailing Address:

714 Southwest Third Street Ocala, Florida 34471

and the Limited Liability Company shall have the privilege of having branch offices at other places within and without the State of Florida.

ARTICLE III

REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT'S SIGNATURE

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

LEWIS E. DINKINS, ESQUIRE 201 Northeast Eighth Avenue Ocala, Florida 34470

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 Florida Statutes Chapter 608.

Signature of Registered Agent

ARTICLE IV

MANAGER(S) OR MANAGING MEMBERS(S)

Title:

Name and Address:

"MGR" = Manager

"MGRM"= Managing Member

Barbara B. Coleman

MGRM

714 S. W. Third Street Ocala, Florida 34471

(Note: An additional article must be added if an effective date is requested.)

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

(In accordance with § 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).

BARBARA B. COLEMAN

Typed or printed name of signee