

06/25/2020 10:23AM FAX 0123/2020

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Florida Department of State

Division of Corporations  
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**FLORIDA LIMITED LIABILITY CO.**

**ScriptAdvisor, LLC**

Certificate of Status		0
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6/26/2020

**ARTICLES OF ORGANIZATION  
OF**

A Limited Liability Company  
Organized under the Laws of the State of Florida

**ARTICLE I – NAME**

The name of the limited liability company is:

**ScriptAdvisor, LLC**

**ARTICLE II – ADDRESS**

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

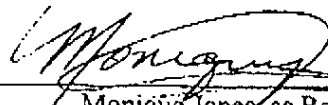
1440 Coral Ridge Drive, Suite 271  
Coral Springs, Florida 33071

**ARTICLE III – REGISTERED AGENT AND OFFICE**

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

Monique Jones  
1440 Coral Ridge Drive, Suite 271  
Coral Springs, Florida 33071

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.



Monique Jones, as Registered Agent

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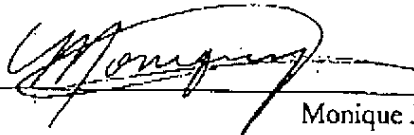
Articles of Organization  
ScriptAdvisor, LLC  
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#### ARTICLE IV – MANAGERS

The Managers of the LLC are as follows:

Monique Jones, MGRM  
1440 Coral Ridge Drive, Suite 271  
Coral Springs, FL 33071

In accordance with section 605.0201, Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.



Monique Jones, MGRM

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