

**CAPITAL CONNECTION, INC.**

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

**LOI 0000001229**

Value Integrated Prescription

Preview Services, LLC

600004162586--8  
-05/08/01--01096--007  
\*\*\*\*125.00 \*\*\*\*125.00

- \_\_\_\_ Art of Inc. File \_\_\_\_\_
- \_\_\_\_ LTD Partnership File \_\_\_\_\_
- \_\_\_\_ Foreign Corp. File \_\_\_\_\_
- ☒ L.C. File \_\_\_\_\_
- \_\_\_\_ Fictitious Name File \_\_\_\_\_
- \_\_\_\_ Trade/Service Mark \_\_\_\_\_
- \_\_\_\_ Merger File \_\_\_\_\_
- \_\_\_\_ Art. of Amend. File \_\_\_\_\_
- \_\_\_\_ RA Resignation \_\_\_\_\_
- \_\_\_\_ Dissolution / Withdrawal \_\_\_\_\_
- \_\_\_\_ Annual Report / Reinstatement \_\_\_\_\_
- \_\_\_\_ Cert. Copy \_\_\_\_\_
- ☒ Photo Copy \_\_\_\_\_
- \_\_\_\_ Certificate of Good Standing \_\_\_\_\_
- \_\_\_\_ Certificate of Status \_\_\_\_\_
- \_\_\_\_ Certificate of Fictitious Name \_\_\_\_\_
- \_\_\_\_ Corp Record Search \_\_\_\_\_
- \_\_\_\_ Officer Search \_\_\_\_\_
- \_\_\_\_ Fictitious Search \_\_\_\_\_
- \_\_\_\_ Fictitious Owner Search \_\_\_\_\_
- \_\_\_\_ Vehicle Search \_\_\_\_\_
- \_\_\_\_ Driving Record \_\_\_\_\_
- \_\_\_\_ UCC 1 or 3 File \_\_\_\_\_
- \_\_\_\_ UCC 11 Search \_\_\_\_\_
- \_\_\_\_ UCC 11 Retrieval \_\_\_\_\_
- \_\_\_\_ Courier \_\_\_\_\_

RECEIVED  
01 MAY -8 PM 10:49  
DIVISION OF CORPORATION

01 MAY -8 AM 11:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

Signature \_\_\_\_\_

Requested by: KC

5/7

Name \_\_\_\_\_

Date \_\_\_\_\_

Time \_\_\_\_\_

Walk-In \_\_\_\_\_

Will Pick Up \_\_\_\_\_

**ARTICLES OF ORGANIZATION  
FOR  
VALUE INTEGRATED PRESCRIPTION PREVIEW SERVICES, L.L.C.**

**ARTICLE - I**

The name of the Limited Liability Company is:

**VALUE INTEGRATED PRESCRIPTION PREVIEW SERVICES, L.L.C.**

**ARTICLE - II**

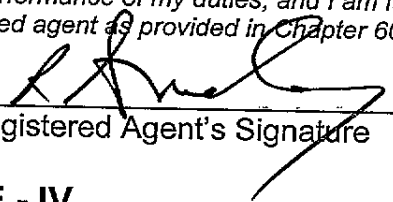
The mailing address and street address of the principal office of the Limited Liability Company is 20533 Biscayne Boulevard, Suite 4-N221, Aventura, Florida 33180.

**ARTICLE - III**

The name and the Florida street address of the registered agent and office is:

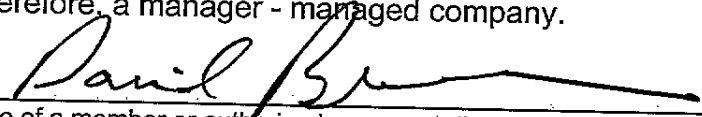
**ROBERT SMOLEY, ESQ.  
Aventura Corporate Center - Suite 505  
20801 Biscayne Boulevard  
Aventura, Florida 33180**

*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 in Chapter 608, F.S..*

  
Registered Agent's Signature

**ARTICLE - IV**

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

  
Signature of a member or authorized representative of a member.  
(In accordance with Section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 MAY -8 AM 11:38

APPROVED  
AND  
FILED