

CT CORPORATION SYSTEM

CORPORATION(S) NAME

L010000012800

Merck-Medco Rx Services of Florida No.5, L.C.

700004522907--0
-08/07/01-01059--017
*****25.00 *****25.00

APPROVED
AND
FILED
01 AUG -7 AM 9:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

- | | | |
|--|---|--|
| <input type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> Nonprofit | | |
| <input type="checkbox"/> Foreign | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark |
| | <input type="checkbox"/> Reinstatement | <input checked="" type="checkbox"/> Other <i>Arts. of Collection</i> |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Change of RA |
| <input type="checkbox"/> LLC | <input type="checkbox"/> Name Registration | <input type="checkbox"/> UCC |
| | <input type="checkbox"/> Fictitious Name | <input type="checkbox"/> CUS |
| <input type="checkbox"/> Certified Copy | <input type="checkbox"/> Photocopies | |
| <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call If Problem | <input type="checkbox"/> After 4:30 |
| <input checked="" type="checkbox"/> Walk In | <input type="checkbox"/> Will Wait | <input checked="" type="checkbox"/> Pick Up |
| <input type="checkbox"/> Mail Out | | |

Name _____
Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____

8/7/01

MS

Order#: 4702424

Ref#: _____

Amount: \$ _____

RECEIVED
01 AUG -7 PM 12:31
DIVISION OF CORPORATION
8-8-01

660 East Jefferson Street
Tallahassee, FL 32301
Tel. 850 222 1092
Fax 850 222 7615

**ARTICLES OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 608.4115, F.S., this document is being submitted within the required 30 business days to correct the attached articles of organization or application to transact business in Florida.

FIRST: The name of the limited liability company is:
Merck-Medco Rx Services of Florida, No. 5, L.C.

SECOND: The articles of organization or the application to transact business

(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)

- ☒ Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:
The company's name in the Articles of Organization is: Merck-Medco Rx Services of Florida, No. 5, L.C.
There is an extra coma between the words "Florida" and "No."
The correct name of the limited liability company is: Merck-Medco Rx Services of Florida No. 5, L.C.

OR

- ☐ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

Dated: August 7, 2001

Merck-Medco Managed Care, L.L.C.

David S. Machlowitz
Signature of a member or authorized representative of a member

David S. Machlowitz, Senior Vice President and General Counsel

Typed or printed name of signer

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)

CR2E062(3/00)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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AND
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Merck-Medco Rx Services of Florida, No. 5, L.C.

ARTICLE II - Address:

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

8800 Hidden River Parkway, Tampa, Florida 33637

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

CT Corporation System
Name
c/o CT Corporation System, 1200 South Pine Island Road
Florida street address (P.O. Box NOT acceptable)
Plantation FL 33324
City, State, and 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 608, F.S.

CT Corporation System

Carrie B...

Registered Agent's Signature

Article IV - Management (Check box if applicable.)

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

Merck-Medco Managed Care, L.L.C.

(An individual who is not a member or an authorized representative of a member, or an officer or director of the company, is not qualified to be a registered agent.)

By:

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

David S. Machlowitz, Senior Vice President & General Counsel
(In accordance with section 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.)

By:

Daniel C. Walden

Daniel C. Walden, Senior Vice President

FILING FEES:

\$ 100.00 Filing Fee for Articles of Organization
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (OPTIONAL)
\$ 5.00 Certificate of Status (OPTIONAL)

01 AUG - 1 AM 8:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED