Division of Corporations

L0I000017698

Florida Department of State
Division of Corporations
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Katherine Harris, Secretary of State

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To:
        Division of Corporations
        Fax Number   : (850)205-0383

From:
        Account Name   : PARCORP SERVICES, LTD.
        Account Number   : I19990000011
        Phone   : (877)603-2533
        Fax Number   : (707)276-4538

AL

LIMITED LIABILITY COMPANY

PRESCRIPTION ACCESS LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	$125.00

https://ccfss1.dos.state.fl.us/scripts/efilcovr.exe   10/15/01

STATE OF FLORIDA - ARTICLES OF ORGANIZATION OF
PRESCRIPTION ACCESS, LLC
Pursuant to s. 608.407, Florida Statutes.

ARTICLE I - Name:
The name of the Limited Liability Company is:

PRESCRIPTION ACCESS, LLC

ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:

8567 DYNASTY DR., BOCA RATON, FL 33433

ARTICLE III - Registered Agent, Registered Office, & Registered Agents Signature:
The name of the Florida street address of the registered agent are:

KEITH D. COTE
Name

8567 DYNASTY DR.
Florida street address (P.O. Box NOT ACCEPTABLE)

BOCA RATON, FL 33433
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 608, F.S.

Registered Agents Signature

ARTICLE IV - Management (Check Box if Applicable.)

☒ 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 of authorized representative of a member.

(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.)

MICHAEL J. JAGODA
Typed or Printed name of signee

Preparer Info:
Parcorp Services, Ltd. / Michael J. Jagoda,
PMB 258 - 13799 PARK BLVD. N., SEMINOLE, FL 33776 / Phone: 727-320-9848

CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507 FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is:

PRESCRIPTION ACCESS, LLC

2. The name and Florida street address of the registered agent are:
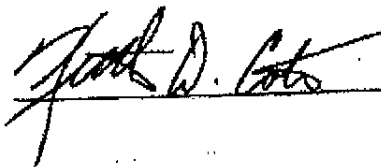
KEITH D. COTE

Name

8567 DYNASTY DR.

Florida street address (P.O. Box NOT ACCEPTABLE)

BOCA RATON, FL 33433

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..

Registered Agent **KEITH D. COTE**