# **CAPITAL CONNECTION, INC.**

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

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### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is PharmAssist, LLC.

**ARTICLE II - Address**: The mailing address and street address of the principal office of the Limited Liability Company is 19370 Collins Avenue, Suite 714, Sunny Isles, Florida 33160.

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

The name and the Florida Street Address of the Registered Agent are:

David Rabbani 19370 Collins Avenue Suite 714 Sunny Isles Florida 33160

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's Signature

## **ARTICLE IV - Management:**

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

David Rabbani