# Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

### Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((FI02000165180 9)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Division of Corporations

Fax Number

; (850)205-0383

From:

Account Name

: CORPORATE & CRIMINAL RESEARCH SERVICES

Account Number : 110450000714

Phone:

: (850)222-1173

Fax Number

: (850)224-1640

LIMITED LIABILITY COMPANY

HCI SPECIALTY PHARMACY, LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00
1	

JIVISION OF CORPORATION

H02000165180

# ARTICLES OF ORGANIZATION OF

# HCL SPECIALTY PHARMACY, LLC

#### ARTICLE I - Name

The name of the Limited Liability Company is HCI SPECIALTY PHARMACY, LLC (the "Company").

#### **ARTICLE II - Address**

The mailing address and street address of the principal office of the Company is 255 Alhambra Circle, Suite 900, Coral Gables, Florida 33134-7400.

## ARTICLE III - Registered Agent and Office

The street address of the Company's initial registered office is 255 Alhambra Circle, Suite 900, Coral Gables, Florida 33134-7400, and the name of its initial registered agent at such office is Evelyn Macia.

## ARTICLE IV - Management

The Company is to be managed by one or more managers and is therefore a managed managed company.

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? Dated this 11th day of July, 2002.

Evelyn Macia, Authorized Signer

# ACCEPTANCE OF APPOINTMENT OF REGISTERED AGENT

The undersigned, having been named as Registered Agent and to accept service of process for the above stated limited liability company at the place designated in these Articles of Organization, the undersigned hereby accepts the appointment as registered agent and agrees to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of its duties, and is familiar with and accepts the obligations of its position as registered agent as provided for in Florida Statutes Chapter 608. Dated this 11th day of July, 2002.

Evelyn Macia Registered Agent

H02000165180