

REFERENCE : 760180 7329456 **AUTHORIZATION:** COST LIMIT : \$ 125.00 ORDER DATE: September 25, 2002 ORDER TIME : 11:44 AM ORDER NO. : 760180-005 CUSTOMER NO: 7329456 CUSTOMER: Mr. Samir Amin Mr. Samir Amin 1947 Lake Drive

Casselberry, FL 32707

DOMESTIC FILING

PRESCRIPTION SHOPPES, LLC NAME:

	EFFECTIVE DATE:	
XX	ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP ARTICLES OF ORGANIZATION	<b>02</b> 1AL
PLEASE	RETURN THE FOLLOWING AS PROOF OF FILING:	2 00T
XX	CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING	21 P
CONTACT	F PERSON: Susie Knight - EXT. 1156 EXAMINER'S INITIALS:	M 2: 00 FLOND

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# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

# **ARTICLE I - Name:**

The name of the Limited Liability Company is:

PRESCRIPTION SHOPPES, LLC

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

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

1947 LAKE DRIVE, CASSELBERRY, FL 32707

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

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

Corporation S	ervice Co	mpany		
Nam	e			
1201 Hay	ys Street	-		
Florida street address (P.O. Box NOT acceptable)				
Tallahassee	FL	32301		
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.

Corporation Service Company

rticle IV - Management	(Check box if ap	plicable.
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The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

Signature of a member or an 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.)

LAURA R. DUNLAP

Typed or printed name of signee

### 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)

USE 21 02 .10:25a

sam amin CSC TALL

P. 002

## LIMITED POWER OF ATTORNEY

The undersigned hereby designates Corporation Service Company ("CSC"), a Delaware corporation qualified to do business in the State of Florida, as its attorney-in-fact for the limited purpose of executing on behalf of the undersigned the original Articles of Organization of PRESCRIPTION SHOPPES, LLC

(the "LLC"), a Florida limited liability company, for the further purpose of filing such Articles of Organization with the State of Florida Department of State, and for no other purpose. The power granted hereby shall be exercisable and effective upon execution of the Limited Power of Attorney by the undersigned and upon delivery of the original or a copy thereof by facsimile or other means to CSC. This grant of power shall be revoked immediately after the filing of the Articles of Organization of the LLC with the State of Florida Department of State. All parties who review the original or a copy of this Limited Power of Attorney may rely upon it and the exercise of the limited power granted herein without making further inquiry as to the matters described herein or the authority of CSC to act hereunder.

This Limited Power of Attorney is executed on this 21 day of

Signatur

Print Name of Signer

WITNESS:

S.V. Amin

Signature

O MANICAL PROPERTY AND

Print Name of Witness

WITNESS

Signiture

Print Name of Witness