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

From: Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305)599-0839
Fax Number : (305)716-0346

MJH

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LIMITED LIABILITY COMPANY
INTERGRATED PHARMACY SYSTEMS LLC.

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

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03 NOV 12 PM 8:33
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

INTERGRATED PHARMACY SYSTEMS LLC.

ARTICLE II - Address:

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

2960 SW 139 TERR. DAVIE, FL 33330

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

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

Eddie Mor

Name

2960 SW 139 Terr

Florida street address (P.O. Box **NOT** acceptable)

Davie Fla

FL

33330

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.

Eddie Mor

Registered Agent's Signature

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**CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA**

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.

(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.)



Typed or printed name of signee

MEMBER MANAGER:
EDWARD F. SAFILLE
12701 KAPOK LANE
DAVIS, FL 33330

MEMBER MANAGER:
ESTEBAN ALONSO
11455 SW 82 AVE
MIAMI, FL 33156