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TO:

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From:

Account Name : SHUTTS & BOWEN, LLP

Account Number : 076447000313 Phone : (305)358-6300

Phone : (305)358-6300 Fax Number : (305)347-7776

# LIMITED LIABILITY COMPANY

### CANADA'S PRESCRIPTION OUTLET LLC

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# ARTICLES OF ORGANIZATION OF

## CANADA'S PRESCRIPTION OUTLET LLC

#### **ARTICLE I** Name

The name of the Limited Liability Company (the "Company") is:

CANADA'S PRESCRIPTION OUTLET LLC

#### ARTICLEU Address

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

c/o 201 S. Biscayne Boulevard, Suite 1500(AGS), Miami, Florida 3313).

ARTICLE III

Registered Agent, Registered Office, and Registered Agent's Signature

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

Corey Brent Gershman 2610 N.E. 48th Court Lighthouse Point, Florida 33064

Having been named as registered agent and to accept service of process for the above stated limited liability company as the place designated in these Articles. I hereby accept the appointment as registered agent and agree to act in this capacity. I finities agree to comply with the provisions of all standes relating to the proper and complete performance of my duties, and I am fundilar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.

Date: February 27, 2004

Corey Brent Gershman, Sole Member

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