

**Electronic Articles of Organization  
For  
Florida Limited Liability Company**

L05000039829  
FILED 8:00 AM  
April 22, 2005  
Sec. Of State  
gharvey

**Article I**

The name of the Limited Liability Company is:

PHARMACEUTICAL RECOVERY SPECIALISTS, LLC

**Article II**

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

1060 LAKE BALDWIN LANE  
ORLANDO, FL. 32814

The mailing address of the Limited Liability Company is:

P.O. BOX 547602  
ORLANDO, FL. 32854

**Article III**

The purpose for which this Limited Liability Company is organized is:

ANY AND ALL LAWFUL BUSINESS.

**Article IV**

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

DAVID M MCLEAN JR.  
1060 LAKE BALDWIN LANE  
ORLANDO, FL. 32814

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.

Registered Agent Signature: DAVID MCLEAN, JR.

## **Article V**

The name and address of managing members/managers are:

Title: MGRM  
DAVID M MCLEAN JR.  
P.O. BOX 547602  
ORLANDO, FL. 32854

Title: MGRM  
RONALD M ZOOK  
P.O. BOX 547602  
ORLANDO, FL. 32854

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## **Article VI**

The effective date for this Limited Liability Company shall be:

04/21/2005

Signature of member or an authorized representative of a member

Signature: DAVID MCLEAN