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Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255 Phone : (305)634-3694

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#### LIMITED LIABILITY COMPANY

#### goldencare pharmaceutical & IV, llc

Certificate of Status	0
Certified Copy	1
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SEP 3 0 2005





## ARTICLES OF ORGANIZATION FOR

GOLDENCARE PHARMACEUTICAL & IV, LLC
A Florida Limited Liability Company

The Undersigned, as a representative of a member of GOLDENCARE PHARMACEUTICAL & IV. LLC a Florida Limited Liability Company does execute these Articles of Organization for the purpose of forming a Limited Liability Company pursuant to Chapter 608 of the Florida Statutes.

### ARTICLE I

The name of the Limited Liability Company is:

**GOLDENCARE PHARMACEUTICAL & IV, LLC** 

ARTICLE II
ADDRESS OF PRINCIPAL OFFICE AND MAILING ADDRESS

2999 NE 191 STREET Suite 905 AVENTURA, FLORIDA 33180

ARTICLE III
REGISTERED AGENT, REGISTERED OFFICE, &
REGISTERED AGENT'S SIGNATURE

MAYNARD J. HELLMAN, ESQ. 2999 Northeast 191 Street Suite 905 Aventura, Florida 33180

Having been named as registered agent and to accept service of process for the above stated limited 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.

MAYNARD J. HECEMAN, REGISTERED AGENT

SIGNATURES APPEAR ON THE FOLLOWING PAGE

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In Witness whereof, MAYNARD J. HELLMAN, a representative of a Member of GOLDENCARE PHARMACEUTICAL & IV. LLC, has hereunto executed these Articles of Organization this \_ZSTT day of September, 2005.

MAYNARD J. HELLMAN, MEMBER REPRESENTATIVE

(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.)

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