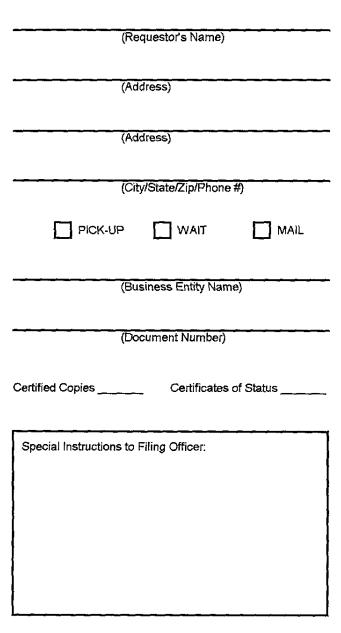
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Office Use Only



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10/24/05-01025-005 **125.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

COVER LETTER

TO: Registration Sec Division of Cor						
_{SUBJECT:} Selectl	PlusRx L.L.C.					
0000000		l Liability Compar	ny)			
The enclosed Articles of	Organization and fee(s) are su	bmitted for filing				
Please return all correspo	ondence concerning this matte	r to the following:				
Jeffrey A.	Wilson					
(Name of Person),						
SelectPlus	sRx L.L.C.					
(Firm/Company)						
2582 S. McGuire Road, Suite 236						
		(Address)				
Ocoee, FI 34761						
(City/State and Zip Code)						
For further information concerning this matter, please call:						
Jeffrey A. Wilson		at (407	909-800	06		
Jeffrey A. Wilson at (407) 909-8 (Name of Person) (Area Code & Daytime		& Daytime Te	elephone Number)			
Enclosed is a check for	r the following amount:					
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Fill Certified Copy (additional copy is	1	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registration of Clifton Biogeoff Exe	ourier Addression Section of Corporation uilding cutive Center ee, FL 32301	ns Circle		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company	is:			
SelectPlusRx L.L.C.		·		
(Must end with the words "Limited Liability Company, "L	imited Company" or their abbreviation "LLC," or "L.	.C.,")		
ARTICLE II - Address: The mailing address and street address of the	e principal office of the Limited Liability	y Company	y is:	
Principal Office Address:	Mailing Address:			
2582 S. McGuire Road, Suite 236 Ocoee, FI 34761	2582 S. McGuire Road, Suite 236 Ocoee, Fl 34761			
ARTICLE III - Registered Agent, Registe (The Limited Liability Company cannot serve as its own R business entity with an active Florida registration.)	red Office, & Registered Agent's Sign egistered Agent. You must designate an individual or	another	1,A10 15	
The name and the Florida street address of the	ne registered agent are:	05 OCT 24	CRET	
Jeffrey A. Wilson			SAC SAC SAC SAC SAC SAC SAC SAC SAC SAC	
Name				
105 Down Court		AM 10: 23	OR ST	
Florida street address (P.O. Box NOT acceptable)			A SECTION	
Windermere, FL 34786			΄ Λ	
City, Sta	te, and Zip			
Having heen named as registered agent and	to accept service of process for the above	e stated lim	iited	

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED) Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member Jennifer Wilson MGR 105 Down Court Windermere, FL 34786 MGR Jeffrey A. Wilson 105 Down Court Ocoee, FI 34761 MGRM Stephanie Comier 905 Regents Drive East Mobile, AL 36609 (Use attachment if necessary) ___. (OPTIONAL) ARTICLE V: Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) **REQUIRED SIGNATURE:**

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

Jeffrey A. Wilson
Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

that the facts stated herein are true.)

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)