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To:

Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : SCHNEIDER WEINBERGER & BEILLY LLP
Account Number : T20030000066
Phone : (561) 362-9595
Fax Number : (561) 362-9612

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DIVISION OF CORPORATION

**LIMITED LIABILITY COMPANY
PHARMACEUTICAL SOLUTIONS, LLC**

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05 DEC -9 AM 9:41

FILED

12/12/05

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**ARTICLES OF ORGANIZATION
OF
PHARMACEUTICAL SOLUTIONS, LLC**

These Articles of Organization are made for the purpose of organizing a Florida Limited Liability Company under the Florida Limited Liability Company Act, Chapter 608, Florida Statutes.

**ARTICLE I
NAME**

The name of this limited liability company is Pharmaceutical Solutions, LLC (the "Company").

**ARTICLE II
ADDRESS**

The Company's mailing address and street address of the principal office of the Company is 3921 SW 47 Ave., Ste. 1013, Davie, FL 33314.

**ARTICLE III
REGISTERED AGENT AND OFFICE**

The name of the initial registered agent of the Company is Bradford J. Bailey, whose address is 400 S.E. 18 Street, Fort Lauderdale, FL 33316.

**ARTICLE IV
MANAGEMENT**

The Company will be a manager-managed Company.

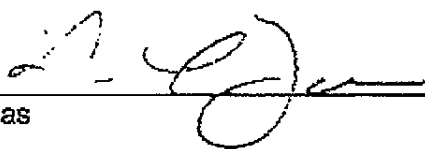
**ARTICLE V
MEMBERS RIGHTS TO CONTINUE BUSINESS**

If a member of the Company dies, retires, resigns, is expelled, is dissolved, experiences bankruptcy, or upon the occurrence of any other event which terminates the continued membership of a member in the Company, the remaining members may continue the business of the Company in the manner provided in the Operating Agreement of the Company.

The undersigned executed these Articles of Organization on this 28th day of November 2005.

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05 DEC 9 AM 9:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Authorized Representative of the Members:
(In accordance with Section 608.408(3),
Florida Statutes, the execution of this affidavit
constitutes an affirmation under the penalties
of perjury that the facts stated herein are true).

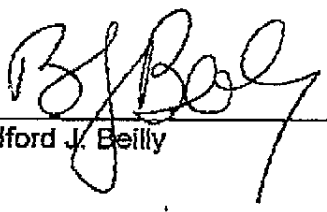

Luis Zayas

**CERTIFICATE OF DESIGNATION
OF REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES,
THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING
STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT
IN THE STATE OF FLORIDA.

1. The name of the limited liability company is Pharmaceutical Solutions, LLC.
2. The name and the Florida address of the registered agent are:
Bradford J. Beilly, 400 S.E. 18 Street, Fort Lauderdale, FL 33318.

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.


Bradford J. Beilly

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