

Division of Corporations

Page 1 of 1

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Florida Department of State  
Division of Corporations  
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FLORIDA/FOREIGN LIMITED LIABILITY CO.

Seaside Family Pharmacy, LLC

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TALLAHASSEE, FLORIDA

DIVISION OF CORPORATIONS

1/24

**ARTICLES OF ORGANIZATION  
OF  
SEASIDE FAMILY PHARMACY, LLC**

The undersigned adopts the following Articles of Organization for the purpose of forming a limited liability company pursuant to the Florida Limited Liability Company Act.

**ARTICLE I**

Name

The name of the limited liability company (the "Company") is Seaside Family Pharmacy, LLC.

**ARTICLE II**

Duration

The Company shall have perpetual existence.

**ARTICLE III**

Mailing and Street Address of Principal Office

The mailing and street address of the Company's principal office is 4112 Creekbluff Drive, St. Augustine, Florida 32086.

**ARTICLE IV**

Name and Address of Registered Agent

The name of the Company's initial registered agent is Anthony Obie McCarty. The street address of the registered agent is 4112 Creekbluff Drive, St. Augustine, Florida 32086.

**ARTICLE V**

Admission of New Members

The members shall have such rights to admit new members as provided in the Operating Agreement.

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**ARTICLE VI**

**Continuity of Business**

The members shall have such rights to continue the business of the Company on the death, retirement, resignation, expulsion, bankruptcy or dissolution of a member as may be provided in the Operating Agreement.

**ARTICLE VII**

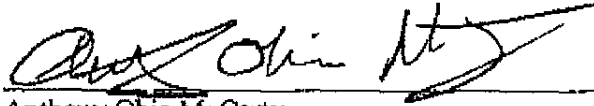
**Management**

The Company shall be a manager managed company. The initial managers shall be:

Anthony Obie McCarty	4112 Creekbluff Drive St. Augustine, Florida 32086
Delaine P. McCarty	4112 Creekbluff Drive St. Augustine, Florida 32086
Ryan Blanco	117 Bonita Drive St. Augustine, Florida 32086
Lynn Dompe	301 Redwing Lane St. Augustine, Florida 32080

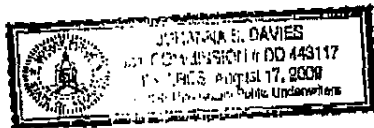
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IN WITNESS WHEREOF, for the purpose of forming this limited liability company in accordance with the Florida Limited Liability Company Act, the undersigned has executed these Articles of Organization on this 20<sup>th</sup> day of January, 2006.

  
Anthony Obie McCarty

STATE OF FLORIDA  
COUNTY OF ST. JOHNS

THE FOREGOING instrument was acknowledged before me this 20<sup>th</sup> day of January, 2006, by Anthony Obie McCarty, who (☒) is personally known to me or (☐) has produced Florida driver's license number \_\_\_\_\_ as identification.



Shanna S. Davies  
Notary Public

Name of Notary Typed/Printed/Stamped \_\_\_\_\_

Commission No.: \_\_\_\_\_

Commission Expires: \_\_\_\_\_

**ACCEPTANCE OF REGISTERED AGENT**

Having been named to accept service of process for the above stated limited liability company at the place designated in these Articles of Organization, I heroby agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties and am familiar with and accept my obligations as registered agent.

DATED this \_\_\_\_\_ day of January, 2006.

Anthony Obie McCarty  
Anthony Obie McCarty

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