Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H07000067642 3)))



HU/U000676423ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 205-0383

From:

Account Name : GRAY, HARRIS & ROBINSON, P.A. - ORLANDO

Account Number : I20010000078 Phone : (407)843-8880.

Fax Number : (407)244-5690

SECUETARY OF STATE

FLORIDA/FOREIGN LIMITED LIABILITY CO.

RECEIVED
7 MAR 14 PM 4: 23
SECRETARY OF STATE
ALLAHASSEE, FLORINA

WESTMINSTER SENIOR CARE PHARMACY, LLC

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

3-15/t

Electronic Filing Menu

Corporate Filing Menu

Help

(((H07000067642 3)))

ARTICLES OF ORGANIZATION FOR WESTMINSTER SENIOR CARE PHARMACY, LLC

ARTICLE I - NAME

The name of this limited liability company is: WESTMINSTER SENIOR CARE PHARMACY, LLC (the "Company").

ARTICLE II - ADDRESS

The mailing address and street address of the principal office of the Company is:

80 West Lucerne Circle Orlando, Florida 32801

ARTICLE III - DURATION

The Company shall exist until dissolved in a manner provided by law, these Articles of Organization or the Operating Agreement adopted by the members.

ARTICLE IV - INITIAL REGISTERED OFFICE AND AGENT

The name and Florida street address of the initial registered agent and office for the Company is as follows:

William A. Boyles 301 E. Pine Street, Suite 1400 Orlando, Florida 32801

ARTICLE V - MANAGEMENT

The Company is to be managed by its sole Member, therefore, is a Member-Managed company.

ARTICLE VI - AMENDMENT AND CONFLICT

These Articles of Organization may be amended by the member in accordance with the terms of the Company's Operating Agreement. In the event of any conflict between these Articles of Organization and the Company's Operating Agreement, the provisions of the Company's Operating Agreement shall control.

07 MAR 14 AH 8: 32

(((H07000067642 3)))

ARTICLE VII- AUTHORIZED REPRESENTATIVE

The Authorized Representative is:

William A. Boyles 301 E. Pine Street, Suite 1400 Orlando, Florida 32801

The Authorized Representative is acting solely in the capacity as organizer for the purpose of forming the limited liability company and shall have no liability whatsoever for acts done or purportedly done on behalf of the limited liability company.

IN WITNESS WHEREOF, the undersigned sole member has executed these Articles of Organization this 14 day of March, 2007.

AUTHORIZED REPRESENTATIVE

William A. Boyles

CERTIFICATE OF ACCEPTANCE AS REGISTERED AGENT

Having been named as registered agent in the Articles of Organization of WESTMINSTER SENIOR CARE PHARMACY, LLC and to accept service of process for WESTMINSTER SENIOR CARE PHARMACY, LLC at the address designated in the Articles of Organization, I hereby accept and agree to act in this capacity.

Dated: March /4, 2007.

William A. Boyles

MAR IL AM 8

640955 v1

(((H07000067642 3)))