**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.

(((H07000278962 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

c Filing Menu

: USA CORPORATE SERVICES INC.

Account Number : 120000000220 Phone

: (800)891-7432

Fax Number

: (518)433-1489

## FLORIDA/FOREIGN LIMITED LIABILITY CO.

### MANAGED PHARMACY CONSULTANTS, LLC

Certificate of Status	O
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Corporate Filing Menu

Help

## (((H07000278962 3)))

## Articles of Organization Of

#### MANAGED PHARMACY CONSULTANTS, LLC

(Pursuant to section 608.407, Florida Statutes)

1. The name of the Limited Liability Company is:

#### MANAGED PHARMACY CONSULTANTS, LLC

- The street address of the principal office of the Limited Liability Company is:
   8590 VINTAGE RESERVE TERRACE, LAKE WORTH, FL 33467
- 3. The mailing address of the Limited Liability Company is:

#### 8590 VINTAGE RESERVE TERRACE, LAKE WORTH, FL 33467

4. The name and address of the registered agent is as follows:

#### ARTHUR SHINN

#### 8590 VINTAGE RESERVE TERRACE, LAKE WORTH, FL 33467

- 5. The period of duration for the Limited Liability Company shall be perpetual.
- 6. The Limited Liability Company is to be managed by the **members**. The names and addresses of such **members** are as follows:

ARTHUR SHINN, 8590 VINTAGE RESERVE TERRACE, LAKE WORTH, FL 33467

In Witness Whereof, 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.

Dated: November 13, 2007

Frank Orlando

USA Corporate Services Inc. Authorized Representative

(((H07000278962 3)))

## (((H07000278962 3)))

# Acceptance of Appointment as Registered Agent of MANAGED PHARMACY CONSULTANTS, LLC

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 am familiar with an accept the obligations of my position as registered agent as provided for in Chapter 608, F.S

Dated: November 13, 2007

Arthur Shinn Registered Agent

(((H07000278962 3)))