# Florida Department of State

Division of Corporations Public Access System

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Division of Corporations

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From:

Account Name : CSH SERVICES, LLC

Account Number : I20070000160 Figure : (800) 494-3124
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# FLORIDA/FOREIGN LIMITED LIABILITY CO.

## Pharmacy Holdings LLC

Certificate of Status	0
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CSH SERVICES

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### ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

in compliance with Chapter 606, F.S.

#### NAME ARTICLE I

The name of the Limited Liability Company is:

Pharmacy Holdings LLC

## ARTICLE II ADDRESS

The street address of the principal office of the Limited Liability Company is:

12157 Linebaugh Ave. Unit 370

Tampa, Florida 33626

## <u>ARTICLE HI REGISTERED AGENT, REGISTERED OFFICE &</u>

### REGISTERED AGENT SIGNATURE

The name and the Florida street address of the registered agent are:

Stephen Perron

10017 Bentley Way

Tampa, Florida 33626

Having been named as registered agent 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..

STEPHEN PERRON/ Registered Affects Staneture

### ARTICLE IV MANAGEMENT

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

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ARTICLE Y MEMBERS (optional)

MANAGING MEMBER:

Stephen Perron

12157 Linebaugh Ave. Unit 370

Tempa, Florida 33526

MANAGING MEMBER:

Humaid Masecod

12157 Linebaugh Ave. Unit 370

Tempa, Florida 33626

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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 that the facts stated herein are true.

Stephen Perron

Typed or printed name of signee

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