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SECRETARY OF STATE TALLAHASSEE, FLORIDA

Law Offices of

## WARD & ASSOCIATES

1874 S. BOULDER AVE. TULSA, OKLAHOMA 74119 Telephone: (918) 764-9011 Facsimile: (918) 764-9384 www.keithwardlaw.com

From the desk of:

Keith A. Ward keith@keithwardlaw.com

TO: Registration Section Division of Corporations

Florida Dept. Of State

SUBJECT: One Stop Pharmacy Creations, LLC

(Name of Limited Liability Company)

The Enclosed Articles of Organization and fee(s) are submitted for filing. I have enclosed \$155.00 in filing fees for (1) the filing fee of \$125.00 and (2) \$30.00 for a Certified Copy to be returned to me.

Please return all corréspondence concerning this matter to the following:

	Keith A. Ward
	(Name of Person)
	Keith A. Ward, PLLC
	(Firm/Company)
	1874 S. Boulder
<del></del>	(Address)
	Tulsa, OK 74119
	(City/State and Zip Code)
For further information concerning the	his matter, please call:
Keith A. Ward	918 764-9011 at( )
(Name of Person	(Area Code & Daytime Telephone Number)

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY ONE STOP PHARMACY CREATIONS, LLC

**ARTICLE I - Name:** The name of the Limited Liability Company is One Stop Pharmacy Creations, LLC.

**ARTICLE II - Address:** The mailing address and street address of the principal office of the Limited Liability Company is: The street address of the Limited Liability Company is 3193 Tech Drive, Suite B, St. Petersburg, Florida 33716. The mailing address is the same as the street address of the principal office.

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent is: Russell C. Coit, 1853 Pink Guara Ct., Trinity, Florida 34655.

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 as provided for in Chapter 6018, F.S..

**ARTICLE IV - Manager(s) or Managing Member(s):** The name and the address of each Manager or Managing Member is as follows:

Title: Name and Address:

"MGR" = Manager

"MGRM" = Managing Member

1. John B. Bersin, MGRM 9820 E. 41st Street, Suite 300

Tulsa, OK 74146

2. Shannon Scott Perdue, Member 9820 E. 41st Street, Suite 300

Tulsa, OK 74146

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**ARTICLE V: Effective Date:** The effective date of these articles is the day on which they are filed.

## REQUIRED SIGNATURE:

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.

John B. Bersin, Managing Member

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