Division of Corporations Electronic Filing Cover Sheet

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To:

L. SELLERS

Division of Corporations Fax Number : (850) 617-6383

JAN 12 2010

From:

Account Name : FASTRIT CORPORATE OUTFESXAMINER Account Number: 071001002335 Phone : (305)599-0839

: (305)716-0346 Fax Number

**Enter the email address for this business entity to be used for future annual report mailings, Enter only one email address please. **

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| Lina | 1 | 1 | Address: | |

FLORIDA/FOREIGN LIMITED LIABILITY CO. COMPLIANCE PHARMACY CONSULTANTS, LLC.

| Certificate of Status | 0 |
|-----------------------|----------|
| Certified Copy | 1 |
| Page Count | 03 |
| Estimated Charge | \$155.00 |



ARTICLES OF ORGANIZATION FOR

Compliance Pharmacy Consultants, LLC.

FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is:

Compliance Pharmacy Consultants, LLC.

ARTICLE II - Address:

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

9060 Triangle Palm Lane Apt 1201 Ft Myors, FL 33913

The street address of the Limited Liability Company is:

9060 Triangle Palm Lane Apt 1201 Ft Myers, FL 33913

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

Myra Segui 9060 Triangle Palm Lane Apt 1201 Pt Myers, FL 33913 10 JAN II AH 9: 33

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 608, 7.S.

Myra Segui, Registered Agent

Article IV - Management

The Limited Liability Company is to be managed by one manager or more managers and is therefore, a manager managed company.

ra Segui Manager

9060 Thangle Palm Land Apt 1201 Ft Myers, FL 33913

(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.)

Myra Segui, Signe

SECRETARY OF STAFE

Compliance Pharmacy Consultants, LLC.

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

The undersigned Myra Segui, a member or the authorized representative of a member of Compliance Pharmacy Consultants, LLC., deposes and tays:

- 1. The above named limited liability company has at least one member.
- 2. The total amount of cash contributed by all member: is \$100.
- If any, the agreed value of property other than each contributed by member is None.
- 4. The total amount of each or property anticipated to be contributed by the members is as follows:

Myra Segui

100%

Further affiant sayeth naught.

Dated.

yra Segui

TAGGER