

**Electronic Articles of Organization
For
Florida Limited Liability Company**

L10000019349
FILED 8:00 AM
February 19, 2010
Sec. Of State
gharvey

Article I

The name of the Limited Liability Company is:

FLORIDA PHARMACEUTICAL FULFILLMENT LLC

Article II

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

16 DODECANESE BLVD
TARPON SPRINGS, FL. 34689

The mailing address of the Limited Liability Company is:

16 DODECANESE BLVD
TARPON SPRINGS, FL. 34689

Article III

The purpose for which this Limited Liability Company is organized is:

ANY AND ALL LAWFUL BUSINESS.

Article IV

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

ANTHONY LEON
16 DODECANESE BLVD
TARPON SPRINGS, FL. 34689

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.

Registered Agent Signature: TONY LEON

Article V

The name and address of managing members/managers are:

Title: MGRM
ANTHONY LEON
45 CENTRAL CT
TARPON SPRINGS, FL. 34689

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Signature of member or an authorized representative of a member

Signature: TONY LEON