

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

L10000055804
FILED 8:00 AM
May 24, 2010
Sec. Of State
clewis

Article I

The name of the Limited Liability Company is:
PHARMACIST ASSOCIATES, LLC

Article II

The street address of the principal office of the Limited Liability Company is:
5069 NORTHERN LIGHTS DRIVE
GREENACRES, FL. US 33463

The mailing address of the Limited Liability Company is:
5069 NORTHERN LIGHTS DRIVE
GREENACRES, FL. US 33463

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:
KARTIKEYA JHA
9680 ARBOR MEADOW DRIVE
BOYNTON BEACH, FL. 33437

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: KARTIKEYA JHA

Article V

The name and address of managing members/managers are:

Title: MGRM
ZANKHANA PARIKH
5069 NORTHERN LIGHTS DRIVE
GREENACRES, FL. 33463 US

Title: MGRM
KARTIKEYA JHA
9680 ARBOR MEADOW DRIVE
BOYNTON BEACH, FL. 33437 US

Signature of member or an authorized representative of a member

Signature: KARTIKEYA JHA

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