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

From: Account Name : LOUIS N. SCHOLNIK, P.A.
Account Number : I20010000132
Phone : (954) 771-4790
Fax Number : (954) 364-4351

L. SELLERS
JUN 29 2010
EXAMINER

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

Email Address: _____

FLORIDA LIMITED LIABILITY CO.
RDS Pharmacy, LLC

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

RECEIVED
10 JUN 28 PM 12:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
10 JUN 28 AM 9:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**ARTICLES OF ORGANIZATION
OF
RDS PHARMACY, LLC**

ARTICLE I

The name of this limited liability company shall be **RDS PHARMACY, LLC**.

ARTICLE II

The period of duration shall be perpetual.

ARTICLE III

This limited liability company is organized for the purpose of conducting any activity permitted under the laws of the State of Florida.

ARTICLE IV

The street address of the principal office of this limited liability company and the mailing address of this limited liability company shall be **590 W. Flagler St., Miami, FL 33130**. The initial registered agent shall be **Aiman Aryan**, located at **590 W. Flagler St., Miami, FL 33130**.

ARTICLE V

This limited liability company has at least one (1) member. The right, if given, of the member to admit additional members and the terms and conditions of the admissions shall be as provided in the Regulations of the limited liability company.

ARTICLE VI

This limited liability company shall be managed and operated by the member of the limited liability company as the manager thereof. The member of the limited liability company is: **Aiman Aryan**.

IN WITNESS WHEREOF, the undersigned member has executed these Articles of Organization on the 24th day of June, 2010.


Aiman Aryan, Member

[Notarization on following page]

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 JUN 28 AM 9:02

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STATE OF FLORIDA }
COUNTY OF MIAMI-DADE }

BEFORE ME, personally appeared Aiman Aryan, to
me well known and known to me to be the person described in, and who acknowledged
to and before me that he executed said document for the purposes therein expressed.

WITNESS my hand and official seal this 24th day of June, 2010.

Mayra Albury
NOTARY PUBLIC

My Commission Expires: 05/21/2012

(Notarial Seal)

NOTARY PUBLIC-STATE OF FLORIDA
Mayra Albury
Commission #DD791173
Expires: MAY 21, 2012
BONDED THRU ATLANTIC BONDING CO., INC.

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**CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE
FOR THE SERVICE OF PROCESS WITHIN FLORIDA
NAMING AGENT UPON WHO PROCESS MAY BE SERVED**

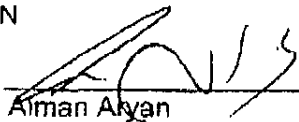
IN COMPLIANCE WITH SECTION 48.091, FLORIDA STATUTES, THE FOLLOWING IS
SUBMITTED:

FIRST THAT **RDS PHARMACY, LLC**, DESIRING TO ORGANIZE OR QUALIFY UNDER
THE LAWS OF THE STATE OF FLORIDA, WITH ITS PRINCIPAL PLACE OF BUSINESS
AT THE **CITY OF MIAMI, STATE OF FLORIDA**, HAS NAMED **AIMAN ARYAN, LOCATED
AT 590 W. Flagler St., Miami, FL 33130** AS ITS AGENT TO ACCEPT SERVICE OF
PROCESS WITHIN FLORIDA.

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE
STATED LIMITED LIABILITY COMPANY AT THE PLACE DESIGNATED IN THIS
CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER
ACCEPT TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE
PROPER AND COMPLETE PERFORMANCE OF MY DUTIES.

AIMAN ARYAN

SIGNATURE:


Aiman Aryan

DATE:

June 24 2010

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