Ø 001 Page l of l

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

Electronic Filing Cover Sheet

(((H10000214390 3)))



H100002143903ABCU

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : DEAN, MEAD, EGERTON, BLOODWORTH, CAPOUANO & BOZAR1

Account Number: 076077001702 Phone: (407)841-1200 Fax Number: (407)423-1831

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

Email Address: smasonmayo@yahoo.com

RECEIVED

10 SEP 29 PM 12: 03

SECRETARY OF STATE
ALLAHASSEE. FLORIGA

FLORIDA LIMITED LIABILITY CO. Beaches Pharmacy, LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

CLW

Electronic Filing Menu

Corporate Filing Menu

Help

10 SEP 29 AN 7: 58
SECHALISATION STATE
TALLAHASSEE, FLORIDA

J. BRYAN

SEP 3 W2272010

EXAMINER

DEAN MEAD ORLANDO (((H10000214390 3)))

ARTICLES OF ORGANIZATION

OF

BEACHES PHARMACY, LLC



The undersigned, acting as organizer of this limited liability company pursuant to

Chapter 608 of the Florida Statutes, hereby forms a limited liability company under the laws of
the State of Florida and adopts the following Articles of Organization for such limited liability
company:

ARTICLE I - NAME OF COMPANY

The name of the limited liability company is Beaches Pharmacy, LLC (the "Company").

ARTICLE II - PRINCIPAL OFFICE

The street address of the principal office of the Company is 4717 San Juan Avenue,
Unit 1, Jacksonville, Florida 32205. The mailing address of the principal office of the Company
is 4320 Deerwood Lake Parkway, Suite 101-211, Jacksonville, Florida 32216.

ARTICLE III - REGISTERED AGENT AND REGISTERED OFFICE

The street address of the initial registered office of the Company in the State of Florida is 800 N. Magnolia Avenue, Suite 1500, Orlando, Florida 32803. The name of the registered agent of the Company at that address is Dean Mead Services, LLC.

ARTICLE IV - MANAGEMENT

The Company is to be a member-managed company. The names and addresses of the initial members of the Company are:

Samuel Mason Mayo 4320 Deerwood Lake Parkway, Suite 101-211 Jacksonville, Florida 32216 DEAN MEAD ORLANDO

(((H10000214390 3)))

Brian Patrick Gaynor 14244 Palmetto Springs Street Jacksonville, Florida 32258

ARTICLE V - EFFECTIVE DATE

The effective date of these Articles of Organization, and the beginning of the existence of the Company, shall be the date of filing of these Articles of Organization with the Florida Department of State.

Samuel Mason Mayo

STATEMENT OF ACCEPTANCE OF REGISTERED AGENT

Having been named as registered agent to accept service of process for the above referenced limited liability company, at the place designated in the foregoing Articles of Organization, I hereby accept such appointment and agree to act in such capacity. I further agree to comply with the provisions of all statutes relevant to the proper and complete performance of the duties of a registered agent, and I am familiar with, and accept the duties and obligations of, Section 608.415 of the Florida Statutes.

DEAN MEAD SERVICES, LLC

By: Dean, Mead, Egerton, Bloodworth, Capouano & Bozarth, P.A.

Its: Sole Member

By: Steven C. Lee , Vice President

SE PO MITS

Date: September 29. , 2010

- 2 -