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Email Address: sshapiro@tropicongmt.com

FLORIDA LIMITED LIABILITY CO.
Wells Pharmacy Network, LLC

Certificate of Status	0
Certified Copy	0
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FAX AUDIT # H100002690303

**ARTICLES OF ORGANIZATION
OF
Wells Pharmacy Network, LLC**

ARTICLE I NAME

The name of the limited liability company shall be: Wells Pharmacy Network, LLC

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be:
20283 State Road 7, Suite 400, Boca Raton, Florida 33498.

ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS


The name and address of the initial registered agent is: Colleen Shapiro, 20283 State Road 7, Suite 400, Boca Raton, Florida 33498. Located in the County of Palm Beach.

ARTICLE IV DURATION

The duration for the limited liability company shall be: Perpetual.

ARTICLE V MANAGERS/MEMBERS

The management of the limited liability company is reserved for the Members and the name and address of the member of the Limited Liability Company is:
Colleen Shapiro, 20283 State Road 7, Suite 400, Boca Raton, Florida 33498



Date: December 13, 2010

Business Filings Incorporated, Organizer

Mark Williams, A.V.P.

Authorized Representative

Prepared by Mark Williams, Business Filings Incorporated, 8040 Excelsior Dr., Suite 200, Madison, WI 53717

608-827-5300

FAX AUDIT # H100002696303

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FAX AUDIT # 4100002696303CERTIFICATE OF DESIGNATION OF REGISTERED
AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED COMPANY, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

The name of the limited liability company is: Wells Pharmacy Network, LLC

The name and address of the registered agent and office is Colleen Shapiro, 20283 State Road 7, Suite 400, Boca Raton, Florida 33498. Located in the County of Palm Beach.

Having been named as registered agent and to accept service of process for the above stated 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.

Signature: Colleen Shapiro
Colleen Shapiro

Date: 12/13/20102010 DEC 15 AM 8:19
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