Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

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From:

Account Name

: BAKER & HOSTETLER LLP

Account Number : I19990000077 Phone

: (407)649-4043

Fax Number

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

FLORIDA LIMITED LIABILITY CO. A PLUS DRUG WHOLESALE, LLC

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Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

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ARTICLE 1 - Name:

The name of the Limited Liability Company is: A PLUS DRUG WHOLESALE, LLC

ARTICLE II - Address:

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

550 Technology Park, Suite 1016 Lake Mary, Florida 32746

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

David L. Schick, Esq. Name

SunTrust Center, Suite 2300 200 South Orange Avenue Florida street address (P.O. Box NOT acceptable)

> Orlando, Florida 32801-3432 City, State, and Zip

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 capabilish. 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 as provided for in Chapter 608, F.S.

Registered Agent's Signature: David L. Schick, Esq.

Article IV - Management (Check box if applicable);

য়া The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager managed company. SE TO

Inc., a Deleware corporation, Member

Signature of a member or an authorized representative of a member.

(In accordance with section 608,408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Mark C. Montgomery as President of Axium Pharmacy Holdings, Inc. Typed or printed name of signee

FILING FEES:

\$100.00 Filing Pee for Articles of Organization \$ 25,00 Designation of Registered Agent \$ 30.00 Cardfied Copy (OPTIONAL)

\$ 5.00 Certificate of Status (OPTIONAL)