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Florida Department of State
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To:

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

From:

Account Name : CSH SERVICES, LLC
Account Number : I2007000C160
Phone : (800) 494-3124
Fax Number : (561) 455-9885

EFFECTIVE DATE 1-1-2011

****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.
IN AND OUT PHARMACY L.L.C.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

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EXAMINER

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**ARTICLES OF ORGANIZATION FOR A
FLORIDA LIMITED LIABILITY COMPANY**

In compliance with Chapter 608, F.S.

ARTICLE I NAME

The name of the Limited Liability Company is:

IN AND OUT PHARMACY L.L.C.

ARTICLE II ADDRESS

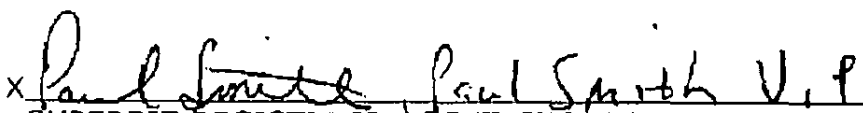
The mailing address and street address of the principal office of the Limited Liability Company is:

4405 SARTILLO ROAD, STE C
SAINT AUGUSTINE, FLORIDA 32084**ARTICLE III REGISTERED AGENT, REGISTERED OFFICE &
REGISTERED AGENT SIGNATURE**

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

SUPERBIZ REGISTERED AGENT, INC.
2761 VISTA PARKWAY, STE E4
WEST PALM BEACH, FLORIDA 33411

Having been named as registered agent 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 as provided for in Chapter 608, F.S.

x  Paul Smith V.P.
SUPERBIZ REGISTERED AGENT, INC. / Registered Agent's signature

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ARTICLE IV EFFECTIVE DATE

The effective date of the Limited Liability Company shall be:

JANUARY 01, 2011

ARTICLE V MANAGEMENT

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

ARTICLE VI MANAGING MEMBERS

MANAGING MEMBER

DR. DINO AJLONI PHARM.D

5440 SHORE DRIVE

SAINT AUGUSTINE, FLORIDA 32086

ARTICLE VII MEMBERS

MEMBER

SAM AJLONI

PO BOX 4128

SAINT AUGUSTINE, FLORIDA 32085

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X

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.

DR. DINO AJLONI PHARM.D

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