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

From:
        Account Name    : HUBCO
        Account Number  : 104662003400
        Phone           : (516)935-3940
        Fax Number      : (516)935-3088
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**Enter the email address for this business entity to be used for future
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FLORIDA LIMITED LIABILITY CO.
Professional Dispensing Solutions, LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	$130.00

K. SALY
EXAMINER

MAR 2 6 2012

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ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is: **Professional Dispensing Solutions, LLC**

ARTICLE II - Address

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

Principal Office Address:

3052 Sheppards Crook Court

Holiday, FL 34691

Mailing Address:

3052 Sheppards Crook Court

Holiday, FL 34691

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

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

Nabeela Tareen
_____
Name

3052 Sheppards Crook Court
_____
(P.O. Box or Mail Drop Box **NOT** Acceptable)

Holiday, FL 34691
_____
(City / State / 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 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.

N. Tareen

Registered Agent's Signature - Nabeela Tareen

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ARTICLE IV - Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:
"MGR" = Manager
"MGRM" = Managing Member

Name and Address:

_MGRM_____   Nabeela Tareen - 3052 Sheppards Crook Court, Holiday, FL 34691

_MGRM_____   Mumtaz Mir - 9406 Wickham Way, Orlando, FL 32836

(Use attachment if necessary)

REQUIRED SIGNATURE:

_____N. Tareen_____

Signature of a member or 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.)

_____Nabeela Tareen_____

Typed or printed name of signee

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