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

(((H14000229310 3)))



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:

: BUSINESS FILINGS

Account Name Account Number: 105256001620

Phone : (608)827~5300

Fax Number : (608)827-5501

Enter the email address for this business entity to be used for future

ලියික්nual report mailings. Enter only one email address please.**

FLORIDA LIMITED LIABILITY CO.

Wellcare Pharmacy Services Acquisition, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

EXAMINER OCT-1 2014

K. SALY

FAX AUDIT # H14000229310 3

ARTICLES OF ORGANIZATION

Wellcare Pharmacy Services Acquisition, LLC

ARTICLE I

NAME

The name of the limited liability company is: Wellcare Pharmacy Services Acquisition, LLC

ARTICLE II

ADDRESS

The principal place of business and mailing address of this Limited Liability Company shall be: 1289 Deming Way, Madison, Wisconsin 53717.

ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the registered agent are: Business Filings Incorporated, 515 E. Park Avenue, Tallahassee, Florida 32301. Located in the County of Leon.

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 605, F.S.

Signature:

Mark Williams, A.V.P. Business Filings Incorporated

Date: September 30, 2014

ARTICLE IV MANAGERS/MEMBERS

The management of the limited liability company is reserved for the managers and the name and address of the manager of the Limited Liability Company is:

Restore Partners, LLC, 1289 Deming Way, Madison, Wisconsin 53717

FAX AUDIT # H14000229310 3

608 827 5501

FILED

2014 SEP 30 AM 10: 05

TALLAHASSEE. FLORIDA 608 827 5501

P.003

FAX AUDIT # H14000229310 3

ARTICLE V

DURATION

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

Date: September 30, 2014

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Business Filings Incorporated, Organizer Mark Williams, A.V.P. Authorized Representative Prepared by Mark Williams, Business Filings Incorporated, 8020 Excelsior Dr., Suite 200, Madison, WI 53717 608-827-5300

FAX AUDIT # H14000229310 3