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FLORIDA LIMITED LIABILITY CO. MEDCARE NOW LLC

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B. BOSTICK

OCT 31 2014

EXAMINER

H140000253632

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ARTICLES OF ORGANIZATION

OF

MedCare Now LLC

The undersigned member, for the purpose of forming a Limited Liability Company under the Laws of the State of Florida, hereby adopts the following Articles of Organization:

ARTICLE I

NAME

The name of the Limited Liability Company shall be:

MedCare Now LLC

ARTICLE II

PURPOSE

The company is organized for any legal and lawful purpose for which a Limited Liability Company may be organized pursuant to the act.

ARTICLE III

PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be:

1050 Gateway Blvd, Ste 101

Boynton Beach, FL 33426

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ARTICLE IV

INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial agent is:

Yana Birbrayer
1050 Gateway Blvd, Ste 101
Boynton Beach, FL 33426

ARTICLE V

MEMBERS

The Members of the Limited Liability Company shall be:

Managing Member: My Community Pharmacy of Boynton Inc.
Address: 1050 Gateway Blvd, Ste 101.
Boynton Beach, FL 33426

Member: Malden Ante Kolovrat
1451 South Miami Ave, Apt 907
Miami, FL 33130

The undersigned has executed these Articles of Organization this

29th day of October, 2014.


Signature

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TALLAHASSEE, FLORIDA

In accordance with section 605.025(2) Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

SIGNATURE

Yana Birbrayer

TITLE Managing Member of My Community Pharmacy of Boynton Beach, Inc.

DATE 10/29/14

CERTIFICATE OF DESIGNATION

REGISTERED AGENT/REGISTERED OFFICE

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED LIMITED LIABILITY COMPANY AT THE PLACE DESIGNATED IN THESE ARTICLES OF ORGANIZATION, 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

DATE 10/29/14

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