

12/18/2014

Dec. 18. 2014

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Gray Robinson

Division of Corporations

No. 0009

P. 1

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Florida Department of State
Division of Corporations
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To: Division of Corporations
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From: Carrie Ramos, Paralegal, please fax confirmation to 407 244-5690
Account Name : GRAYROBINSON, P.A. - ORLANDO
Account Number : I20010000078
Phone : (407)843-8880
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DIVISION OF CORPORATIONS
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**FLORIDA LIMITED LIABILITY CO.
AS.IS. PHARMACEUTICALS, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
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TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I
Name

The name of this Limited Liability Company is:

AS.IS. PHARMACEUTICALS, LLC

ARTICLE II
Address

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

701 West Morse Boulevard
Winter Park, FL 32789

ARTICLE III
Management

This Limited Liability Company is to be managed by one or more managers and is, therefore, a "manager-managed" limited liability company.

ARTICLE IV
Initial Board of Managers

This Limited Liability Company shall have two (2) managers initially. The number of managers may be either increased or decreased from time to time in accordance with the Operating Agreement of this Limited Liability Company, but shall never be fewer than one.

The names and addresses of the initial managers of this Limited Liability Company are as follows:

<u>Name</u>	<u>Street Address</u>
Anita Shafran	701 West Morse Blvd. Winter Park, FL 32789
Ira Shafran	701 West Morse Blvd. Winter Park, FL 32789

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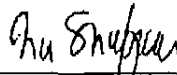
ARTICLE V

Registered Agent, Registered Office & Registered Agent's Signature

The name and the Florida street address of the Registered Agent of this Limited Liability Company is:

Ira Shafran
701 West Morse Blvd.
Winter Park, FL 32789

Having been named as registered agent to accept service of process for this limited liability company at the place so designated in these Articles of Organization, the undersigned hereby accepts this appointment and agrees to act in this capacity. The undersigned agrees to comply with the provisions of all statutes relating to the proper and complete performance of its duties and is familiar with and accepts the obligations of the undersigned's position as registered agent, as provided for in Chapter 605, Florida Statutes.



REGISTERED AGENT'S SIGNATURE

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 in Section 817.155, Florida Statutes.



AUTHORIZED REPRESENTATIVE'S SIGNATURE

Anita Shafran, Authorized Representative
Type or printed name of signee

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