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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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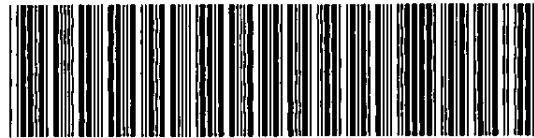
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T. Burch JAN 16 2015

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Apollo Care Pharmacy LLC

Signature _____

Requested by: Seth

01/15/15

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

____ Art of Inc. File _____
____ LTD Partnership File _____
____ Foreign Corp. File _____
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____ Certificate of Status _____
____ Certificate of Fictitious Name _____
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____ UCC 1 or 3 File _____
____ UCC 11 Search _____
____ UCC 11 Retrieval _____
____ Courier _____

ARTICLES OF ORGANIZATION

OF

APOLLO CARE PHARMACY LLC

The undersigned, for the purpose of forming a limited liability company under the Florida Liability Company Act, F.S. Chapter 605, hereby make, acknowledge, and file the following Articles of Organization:

ARTICLE I

NAME

The name of this Limited Liability Company shall be,
APOLLO CARE PHARMACY LLC

ARTICLE II

ADDRESS

The mailing address and street address of the principal office of the Company shall be
10913 Willow Ridge Loop, Orlando, FL 32825

ARTICLE III

PERIOD OF DURATION

The Company shall commence its existence on the date these Articles of Organization are filed by the Florida Department of State. The Company's existence shall be perpetual, unless the Company is dissolved earlier as provided in the Articles of Organization or adopted by members.

ARTICLE IV

REGISTERED OFFICE AND AGENT

The initial street address in Florida of the initial registered office of the Company is **10913 Willow Ridge Loop, Orlando, FL 32825** and the name of the initial registered agent at such address is **AMIT PATEL**.

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ARTICLE V

PROFIT & LOSSES

1) **SHARING OF PROFITS:** The members shall be entitled to the net profits arising from the operation of limited liability business that remains after the payment of the expenses of operating the business of the limited liability company. Each member shall be entitled to their distributive share of the profits according to their percent of interest in the company.

2) **SHARING OF LOSSES:** All losses that occur in the operation of the limited liability company business shall be paid out of the capital of the limited liability company and the profits of the business or if such sources are insufficient to cover such losses, by the members in shares as set forth in the percentages alongside the name of each member according to their percent of interest in the company.

ARTICLES VI

CAPITAL CONTRIBUTIONS

The members of the Company shall contribute to the capital of the Company as mutually agreed by the members or as provided in the Regulations.

Each member shall make additional capital contributions to the Company only on the unanimous consent of all members or as provided in the Regulations.

ARTICLE VII

ADMISSION OF NEW MEMBERS

Except as set forth in the Regulations, no additional members shall be admitted to the Company except with the unanimous written consent of all the members of the Company and on the terms and conditions as shall be determined by all the members.

A member may transfer his or her interest in the Company as set forth in the Regulations of the Company, but the transferee shall have no right to participate in the management of the business and affairs of the Company or become a member unless all of the members of the Company other than the member proposing to dispose of his or her interest approve of the proposed transfer by written consent.

ARTICLE VIII

MEMBER'S RIGHT TO CONTINUE BUSINESS

The Company shall be dissolved on the death, bankruptcy or dissolution of a member or manager, or on the occurrence of any other event that terminates the continued membership of a member in the Company, unless the business of the Company is continued by the consent of all the remaining members, provided that it has at least one remaining member.

ARTICLE IX

AMENDMENT OF ARTICLES OF ORGANIZATION

The limited liability company reserves the right to amend, alter, change or repeal any provision contained in these Articles of Organization in the manner now or hereafter prescribed by statute, and all rights conferred upon the members herein are subject to this reservation.

ARTICLE X

MANAGEMENT

The Company shall be managed by the members in accordance with Regulations adopted by the members for the management of the business and affairs of the Company. These Regulations may contain any provisions for the regulation and management of the affairs of the Company not inconsistent with law or these Articles of Organization. The names and addresses of the managing members of the Company are:

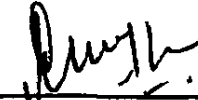
NAME

ADDRESS

**AMIT PATEL
AUTHORIZED MEMBER**

**10913 WILLOW RIDGE LOOP
ORLANDO, FL 32825**

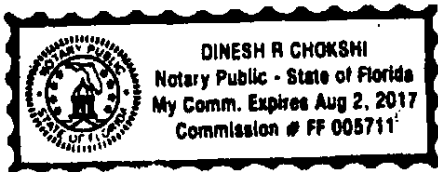
IN WITNESS WHEREOF, the undersigned organizers have made and subscribed to these Articles of Organization at Seminole County, Florida on this 15th day of January, 2015.


x 
AMIT PATEL

STATE OF FLORIDA

COUNTY OF SEMINOLE

The foregoing Articles of Organization were acknowledged before me this 15th day of January, 2015 by AMIT PATEL who have produced driver's licenses as identification or who are personally known to me.




Notary Public

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE OF
APOLLO CARE PHARMACY LLC**

Under the provisions of F.S. 605, APOLLO CARE PHARMACY LLC, submits the following statement to designate a registered office and registered agent in the state of Florida:

1. The name of the limited liability company is
APOLLO CARE PHARMACY LLC
2. The name and street address of the registered agent in Florida is:

**AMIT PATEL
10913 WILLOW RIDGE LOOP
ORLANDO, FL 32825**

The undersigned, being the person named in the Articles of Organization of **APOLLO CARE PHARMACY LLC**, as the registered agent of this limited liability company, hereby consents to accept service of process for the above-stated Company at the place designated in this Articles of Organization, and accepts the appointment as registered agent and agrees to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of his or her duties, and is familiar with and accepts the obligations of the position of registered agent.

Date: January 15, 2015



AMIT PATEL
Registered Agent

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