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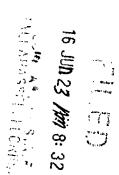
(Re	questor's Name)	·····
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PICK-UP	☐ WAIT	MAIL
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

74,

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The name of the Limited Liability Company is:

TRIDENT RX CONSUTING SERVICES, UC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:
11864 HEDGESTONE CT	11 864 HSDGS STON C-
NAPUS, FL 34128	NAPUS, FL 3460

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Name

Name

Name

1/864 HEDGE STOWL CT

Florida street address (P.O. Box NOT acceptable)

APCES

FL 34/20

City

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 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

The name and address of each person Company:	authorized to manage and control the Limited Liability
<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
	70010
(Use attachment if necessary)	
(If an effective date is listed, the date must b to or 90 days after the date of filing.)	date of filing: 1440 1 2016. (OPTIONAL) be specific and cannot be more than five business days prior the applicable statutory filing requirements, this date will not be listed as the records.
REQUIRED SIGNATURE:	
This document is executed in acc I am aware that any false informat constitutes a third degree felony a	or an authorized representative of a member. cordance with section 605.0203 (1) (b), Florida Statutes. tion submitted in a document to the Department of State as provided for in s.817.155, F.S. A solution submitted in a document to the Department of State as provided for in s.817.155, F.S. A solution submitted in a document to the Department of State as provided for in s.817.155, F.S.
Type	ed or printed name of signee Filing Fees

ARTICLE IV-

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)
Page 2 of 2