Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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.

(((H17000107613 3)))



H170001076133ABC-

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)617-6381

From:

Account Name ; AKERMAN LLP - ORLANDO

Account Number: 076656002425 : (407)423-4000 Phone : (407)843-6610 Fax Number

**Enter the email address for this business entity to be used for 😹 annual report mailings. Enter only one email address please.

FLORIDA LIMITED LIABILITY CO.

POC Pharmacy Solutions, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

2017/04/26 13:02:01 7 /10

** INBOUND NOTIFICATION : FAX RECEIVED SUCCESSFULLY **

TIME RECEIVED
April 20, 2017 1:00:20 PM EDT

REMOTE CSID 850-617-6381

DURATION

STATUS Received

850-617-6381

4/20/2017 12:59:55 PM PAGE

1700T

April 20, 2017

FLORIDA DEPARTMENT OF STATE Division of Corporations

AKERMAN LLP- ORLANDO

SUBJECT: POC PHARMACY SOLUTIONS, LLC

REF: W17000034089

Corrected Filing attached. Please attached. Please File after National Pharmacy Strategies, LLC Articles are filed. Articles are filed.

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes. The proper form is enclosed for your convenience.

If you have any further questions concerning your document, please call (850) 245-6052.

Catherine M Wood Regulatory Specialist II New Filing Section

FAX Aud. #: H17000107613 Letter Number: 717A00007713

17 APR 26 PM 1: 22

SECRETARY OF STATE TABLE AHASSEE FLORIDA

ARTICLES OF ORGANIZATION OF POC PHARMACY SOLUTIONS, LLC

The undersigned hereby submits these Articles of Organization (these "Articles of Organization") for purposes of forming POC Pharmacy Solutions, LLC, a Florida limited liability company, (the "Company") under the Florida Revised Limited Liability Company Act, Chapter 605, Florida Statutes.

ARTICLE I - Name:

The name of the limited liability company formed pursuant to the filing of these Articles of Organization is POC Pharmacy Solutions, LLC.

ARTICLE II - Address:

The mailing address of the Company is 9419 Skiles Court, Windermere, Florida 34786 and the street address of the principal office of the Company is 9419 Skiles Court, Windermere, Florida 34786.

ARTICLE III - Duration:

The period of duration for the Company shall be perpetual, unless dissolved by its membership or in accordance with the terms of an operating agreement, if any.

ARTICLE IV - Manager Management:

The Company shall be manager-managed, and the initial manager is James R. Grady at the address of 9419 Skiles Court, Windermere, Florida 34786.

ARTICLE V- Initial Registered Agent and Office:

The initial registered agent for the Company shall be NRAI Services, Inc., and the street address of the Company's registered agent is 1200 South Pine Island Road, Plantation, FL 33324.

DATED as of the 25 day of APT.

James R. Grady Authorized Representative

41453745v1

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Chapter 605, Florida Statutes, POC Pharmacy Solutions, LLC submits the following statement in designating the registered office/registered agent, in the State of Florida:

- 1. The name of the limited liability company is POC Pharmacy Solutions, LLC.
- 2. The name and address of the registered agent and office is: NRAI Services, Inc., 1200 South Pine Island Road, Plantation, FL 33324.

Having been named as registered agent and to accept service of process for the above-named limited liability company at the piace designated in this certificate, the undersigned, by and through its duty elected officer, hereby 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 its duties, and is familiar with and accepts the obligations of the position as registered agent.

Dated this 25 day of ACUL 2017.

NRAISonvious Inc.

By: Name: Title: Madonna Guddiny

Assistant Secretary

17 APR 26 PM 1: 23
SECRETARY OF STATE
TABLAHASSEF PLONING