

**L17 000097279**

Florida Department of State  
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Email Address: REGISTEREDAGENT-WRL@SHUFFIELDLOWMAN.COM

**FLORIDA LIMITED LIABILITY CO.  
PROSCRIPTIX JV, LLC**

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**ARTICLES OF ORGANIZATION  
OF  
PROSCRIPTIX JV, LLC  
A Florida Limited Liability Company**

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**ARTICLE I  
NAME**

The name of this limited liability company is PROSCRIPTIX JV, LLC, referred to in these Articles of Organization as the "Company."

**ARTICLE II  
MAILING AND STREET ADDRESS**

The street address of the principal office of the Company is as follows:

1343 Classic Court N.  
Longwood, Florida 32779

The mailing address of the principal office of the Company is as follows:

1343 Classic Court N.  
Longwood, Florida 32779

**ARTICLE III  
COMMENCEMENT OF COMPANY'S EXISTENCE**

In accordance with Section 607.0203(1), Florida Statutes, the Corporation's corporate existence shall be deemed to have commenced five business days prior to the date on which these Articles of Incorporation are filed by the Department of State.

**ARTICLE IV  
REGISTERED AGENT**

The name and Florida street address of the initial Registered Agent are as follows:

William R. Lowman, Jr. Esquire  
Shuffield, Lowman & Wilson, P.A.  
1000 Legion Place  
Suite 1700  
Orlando, Florida 32801

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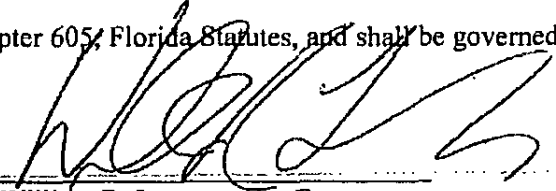
**ARTICLE V  
MANAGEMENT**

The name and address of each person authorized to manage and control the Company:

Title	Name and Address
Manager	Matt L. Leavitt 1343 Classic Court N. Longwood, Florida 32779

**ARTICLE VI  
APPLICABLE LAW**

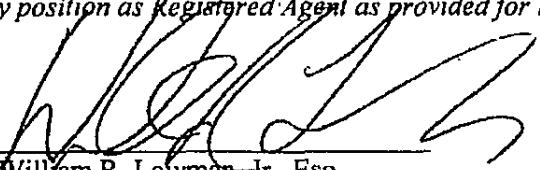
The Company is created pursuant to Chapter 605, Florida Statutes, and shall be governed by the laws of the State of Florida.

  
William R. Lowman, Jr., Esq. as  
Authorized Representative

**ACCEPTANCE OF DESIGNATION  
OF  
REGISTERED AGENT**

Pursuant to the provisions of Section 605.0113, Florida Statutes, the undersigned submits the following statement of acceptance of his designation as Registered Agent for the Company:

*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 of the Florida Statutes.*

  
William R. Lowman, Jr., Esq.