

**L18000178547**

**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.

((H18000213470 3))



H180002134703ABC-

**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 : COURT ACCESS CENTERS OF AMERICA  
Account Number : 075350000541  
Phone : (813) 675-1333  
Fax Number : (813) 200-1050

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

**Email Address:** yusuf.mosley1978@gmail.com

**FLORIDA LIMITED LIABILITY CO.**  
**Synergy Pharmacy Medical Consulting LLC**

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

**FILED**  
2018 JUL 26 PM 12:11  
SECRETARY OF STATE  
TALLAHASSEE, FL

Electronic Filing Menu

Corporate Filing Menu

Help

DocuSign Envelope ID: 0CFD7D64-2F0E-40B5-84FD-9748E5A5E037

Audit # H18000213470  
**ARTICLES OF ORGANIZATION FOR FLORIDA  
LIMITED LIABILITY COMPANY**

**ARTICLE I**

**Name and Address**

The name of this Limited Liability Company is:

**Synergy Pharmacy Medical Consulting LLC**

The mailing address and street address of the Limited Liability Company are:

**3517 Peeler Road, Suite 19  
Jacksonville, FL 32277**

**ARTICLE II**

**Term of Existence**

This Limited Liability Company shall have perpetual existence, commencing upon the date of filing of these Articles with the Florida Department of State.

**ARTICLE III**

**Purpose and Powers**

This Limited Liability Company is organized for the purpose of transacting any and all lawful business for which a Limited Liability Company may be organized under the laws of the State of Florida.

**ARTICLE IV**

**Powers**

The Limited Liability Company shall have the powers granted to a Limited Liability Company under the laws of the State of Florida.

---

This form was prepared with the assistance of CourtAccess Centers of America, Inc., a non-lawyer located at 13046 Race Track Road, Suite 131, Tampa, FL 33626, 813-875-1333.

---

Audit # H18000213470

DocuSign Envelope ID: 0CFD7D64-2F0E-40B5-84FD-9748E5A5E037

Audit # H18000213470

**ARTICLE V**  
**Initial Registered Office and Agent**

The street address of the initial registered office of this Limited Liability Company is:

**3517 Peeler Road, Suite 19  
Jacksonville, FL 32277**

and the name of its registered agent at such address is:

**Yusuf Mosley**


**ARTICLE VI**  
**Management**

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

**Name and Address**

**Yusuf Mosley, Authorized Member  
3517 Peeler Road, Suite 19  
Jacksonville, FL 32277**

Dated: Tuesday, July 24, 2018

DocuSigned by:  
  
BF08A0004107468...

Yusuf Mosley, Authorized Member

**This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.  
I am aware that any false information submitted in a document to the Department of State  
constitutes a third degree felony as provided for in s.817.155, F.S.**

---

Audit # H18000213470

DocuSign Envelope ID: DCFD7D64-2F0E-40B5-84FB-9748E5A5E037

Audit # H18000213470

**ACCEPTANCE BY REGISTERED AGENT**

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..

Date: July 24, 2018

DocuSigned by:  
  
RF08A00C41D7AAA  
Yusuf Mosley

---

Audit # H18000213470