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smail Address: P. vilarrubis@grupoproformaco.com

FLORIDA LIMITED LIABILITY CO. PROFARMACO, LLC

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OCT 2 3 2018

October 22, 2018

FLORIDA DEPARTMENT OF STATE

STEARMS WEAVER MILLER WEISSLER ALHADEFF & SUTTERSON

SUBJECT: PROFARMAÇO, LLC

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Catherine M Wood Regulatory Specialist II New Filing Section FAX Aud. #: E18000303658 Letter Number: 218A00021600

Attached is another copy of the articles of organization. Please honor the original date of submission as the effective filing date thank you.

P.O BOX 6327 - Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION OF PROFARMACO, LLC

The undersigned, for the purpose of forming a limited liability company under the Florida Revised Limited Liability Company Act, Florida Statutes Chapter 605, as amended, hereby makes, acknowledges and files the following Articles of Organization.

ARTICLE I - NAME

The name of the limited liability company is Profarmaco, LLC (the "Company").

<u>ARTICLE II - ADDRESS</u>

The mailing address and street address of the principal office of the Company is 7720 Spring Creek Drive, West Palm Beach, FL 33411.

ARTICLE III - DURATION

The period of duration for the Company shall be perpetual.

ARTICLE IV - REGISTERED OFFICE AND AGENT AND ADDRESS

The name and street address of the registered agent and the registered office of the Company in the State of Florida are:

Name	Address
Corporate Creations Network	11380 Prosperity Farms Road, Suite 221E Palm Beach Gardens, FL, 33410

ARTICLE V - MANAGEMENT

The Company shall be manager managed. The name and address of the initial manager are:

Peggy Vilarrubis Puigsubira 7720 Spring Creek Drive West Palm Beach, FL 33411





IN WITNESS WHEREOF, the undersigned has made and subscribed these Articles of Organization for the foregoing uses and purposes this 19 day of 1000, 2018.

Authorized Representative

REGISTERED AGENT'S ACCEPTANCE

Having been named as registered agent and to accept service of process for Profarmaco, LLC at the place designated in this certificate, the undersigned 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 its position as registered agent as provided for in Chapter 605, Florida Statutes.

REGISTERED AGENT

Dated: /0//9 ____, 2018

ALLAHASSEE, F

Im Perkins, Vice President

18 OCT 19 PE