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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE (- Name:

The name of the Limited Liability Company is:

Polaris Pharmacy Benefits, LLC

(Must contain 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:		
2900 NW 60th Street	2900 NW 60th Street		
Ft Lauderdale, FL 33309	Ft. Løuderdale. FL 33309		

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:

 Abraham A. Galbut

 Nante

 4770 Biscavre Blvd., #1400

 Florida street address (P.O. Box <u>NOT</u> acceptable)

 Miami
 FL

 33137

 City
 State

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. Thereby accept the appointment as registered agent and agree to act in this capacity. The further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and Tham familier with and accept the obligations of my position as registered agent as provided for in Chapter 605, FLS.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

-: . . . ç

ARTICLE IV-

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

Simcha Hyman 2900 NW 60th Street

Ft. Lauderdale, FL 33309

Title: "AMBR" = Authorized Member "MGR" = Manager

Manager

Name and Address:

David Rombro 2900 NW 60th Street Ft. Lauderdale, FL 33309

Manager

President Vice President

Abraham A, Galbut	
4770 Biscavne Blvd., #1400	
Miami, FL 33137	

Naftali Zanziper 2900 NW 60th Street Ft. Lauderdale, FL 33309

(Use attachment if necessary)

(OPTIONAL) ARTICLE V: Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE

Signature of a member or an authorized representative of a 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 \$.817.155, F.S.

Abraham A. Galbu

Typed or printed name of signee

Filing Frees:

\$125.00 Filing Fee fur Articles of Organization and Designation of Registered Agent S 30.00 Certified Copy (Optional) 5 5.00 Certificate of Status (Optional)

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Polaris Pharmacy Benefits, LLC List of Managers and Authorized Members

I. Manager / President

a. David Rombro

i. 2900 NW 60th Street, Ft. Lauderdale, FL 33309

2. Manager / President

a. Simcha Hyman

i. 2900 NW 60th Street, Ft. Lauderdale, FL 33309

3. Manager / President

a. Abraham Galbut

i. 4770 Biscayne Blvd., #1400, Miami, FL, 33137

4. Vice President

a. Eric Galbut

i. 4770 Biscayne Blvd., #1400, Miami, FL, 33137
5. Vice President
a. Naftali Zanziper

i. 2900 NW 60th Street, Ft. Lauderdale, FL 33309

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