

**Electronic Articles of Organization  
For  
Florida Limited Liability Company**

L22000015027  
FILED 8:00 AM  
January 06, 2022  
Sec. Of State  
jsdennis

**Article I**

The name of the Limited Liability Company is:  
ALTAMONTE PHARMACY LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:  
1052 LASCALA DRIVE  
WINDERMERE, FL. US 34786

The mailing address of the Limited Liability Company is:  
1052 LASCALA DRIVE  
WINDERMERE, FL. US 34786

**Article III**

The name and Florida street address of the registered agent is:  
NIRAV AMIN  
1052 LASCALA DRIVE  
WINDERMERE, FL. 34786

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.

Registered Agent Signature: NIRAV AMIN

## Article IV

The name and address of person(s) authorized to manage LLC:

Title: MBR  
NIRAV AMIN  
1052 LASCALA DRIVE  
WINDERMERE, FL. 34786 US

Title: MBR  
ANKIT PATEL  
11762 DELWICK DRIVE  
WINDERMERE, FL. 34786 US

Signature of member or an authorized representative

Electronic Signature: NIRAV AMIN

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.

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