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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : BARNETT, KIRKWOOD, KOEHE, LONG & FOSTER, P.A.
Account Number : 072731001155
Phone : (813)253-2020
Fax Number : (813)251-6711

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

Email Address: tterenzi@msn.com

FLORIDA LIMITED LIABILITY CO.
MY PHARMASSISTS, LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

2022 MAR 16 PM 12:55

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**ARTICLES OF ORGANIZATION
OF
MY PHARMASSISTS, LLC**

The undersigned hereby organizes a limited liability company under the provisions of the Florida Revised Limited Liability Company Act (the "Act"), and pursuant to the following Articles of Organization:

ARTICLE 1

Name

The name of this limited liability company is

MY PHARMASSISTS, LLC

(hereafter, the "Company").

ARTICLE 2

Effective Date

This Company shall have perpetual existence, commencing on the date that these Articles of Organization are filed with the Florida Department of State.

ARTICLE 3

Mailing Address and Principal Office

The street address of the principal office and the mailing address of the Company is 7122 Pelican Island Drive, Tampa, Florida 33634.

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FLORIDA DEPARTMENT OF STATE
TAMPA, FLORIDA

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ARTICLE 4Initial Registered Office and Agent

The street address of the initial registered office of this Company is 7122 Pelican Island Drive, Tampa, Florida 33634, and the name of the initial registered agent of this Company at that address is Terence Terenzi.

ARTICLE 5Management of the Company

The Company is to be managed by one or more managers and is, therefore, a manager-managed limited liability company within the meaning of Section 605.0102(39) of the Act.

ARTICLE 6Indemnification

The Company shall indemnify its manager and member to the fullest extent authorized by law.

IN WITNESS WHEREOF, the undersigned authorized representative of the member has executed these Articles of Organization on the 16th day of March, 2022.


Terence Terenzi, Authorized Representative

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**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE OF
MY PHARMASSISTS, LLC**

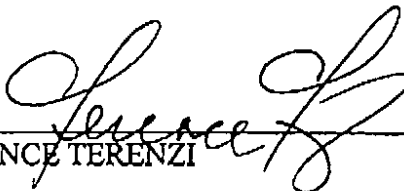
Pursuant to the provisions of Section 605.0113 of the Florida Statutes, the undersigned limited liability company submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the limited liability company is MY PHARMASSISTS, LLC.
2. The name and address of the registered agent and office is:

Terence Terenzi
7122 Pelican Island Drive
Tampa, FL 33634

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, Florida Statutes.

Dated: March 16, 2022.


TERENCE TERENZI

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