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FLORIDA LIMITED LIABILITY CO. My Pharmacy Crystal River, LLC

Certificate of Status	0
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DIVISION OF CORPORATIONS
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**ARTICLES OF ORGANIZATION
FOR
My Pharmacy Crystal River, LLC**

Pursuant to Chapter 605, Florida Statutes, the undersigned, being the authorized representative of the initial members of the limited liability company to be known as "My Pharmacy Crystal River, LLC," hereby adopts the following articles of organization:

**ARTICLE I
NAME**

The name of the Limited Liability Company is: **My Pharmacy Crystal River, LLC.**

**ARTICLE II
ADDRESS**

The mailing and street address of the principal office of the Limited Liability Company is: 2710 Rew Circle, Suite 200, Ocoee, FL 34761.

**ARTICLE III
REGISTERED AGENT**

The name and the Florida street address of the initial Registered Agent for service of process upon the Limited Liability Company are:

Ronald W. Sikes, Esquire
310 South Dillard Street, Suite 120
Winter Garden, FL 34787

**ARTICLE IV
MANAGEMENT**

The Limited Liability Company is to be managed by one or more managers and is, therefore, a manager-managed company.

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**ARTICLE V
INITIAL MANAGERS**

The initial Managers of the Limited Liability Company and their addresses are as follows:

Boyd M Branham
2710 Rew Circle, Suite 200
Ocoee, FL 34761

Ray A. Tomlinson
2710 Rew Circle, Suite 200
Ocoee, FL 34761

Brian M. Branham
2710 Rew Circle, Suite 200
Ocoee, FL 34761

**ARTICLE VI
PURPOSE**

The Limited Liability Company is formed for the purpose of engaging in any lawful business.

**ARTICLE VII
DURATION**

The Limited Liability Company shall exist perpetually unless dissolved, converted or otherwise terminated by the Members or by judicial action pursuant to Chapter 605, Florida Statutes.

In accordance with section 605.0201(4), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.



Ronald W. Sikes, Authorized
Representative of Initial Members

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*Having been named as registered agent and to accept service of process for **My Pharmacy Crystal River, LLC**, 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.*



Ronald W. Sikes
Registered Agent

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ALLIANCE, FL

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