L24000054099

	(Requestor's Name)
	(wednestors stagme)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
LJ PICK-OP	MAIL MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Consist Instructions to	Cilian Officer
Special Instructions to	Filing Officer.





700422520347







115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088

Date:	01/30/2024	
Name:		
Reference #:	2247726	
Entity Name:	ARX M	ERGER SUB, LLC
	s of Incorporation/Authorizat	
Amen	dment	
☐ Chang	ge of Agent	
Reinst	atement	
☐ Conve	ersion	
☐ Merge	ır	
☐ Dissol	ution/Withdrawal	
Fictition	ous Name	
✓ Other	CERTIFICA	ATE OF STATUS UPON FILING
Authorized Al	mount: \$130,00	



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Account#: I20000000088

Date:01/3	30/2024	
Name:		
Reference #:	2247726	
Entity Name:	ARX N	IERGER SUB, LLC
✓ Articles of	Incorporation/Authoriza	tion to Transact Business
Amendmer	nt	
Change of	Agent	
Reinstaten	nent	
☐ Conversion	٦	
Merger		
☐ Dissolution	n/Withdrawal	
☐ Fictitious N	lame	
✓ Other	CERTIFIC	ATE OF STATUS UPON FILING
Authorized Amoui	nt: \$130.00	

COVER LETTER

	ew Filing Sec ivision of Cor					
	ARX Merg	er Sub, LLC				
SUBJECT	:		Limited	Liability	Company	
The enclos	ed Articles of	Organization and fee(s)	are sub	mitted fo	or filing.	
Please retu	ırn all correspo	ndence concerning this	matter	to the fol	lowing:	
	Margaret Ale	exander				
		_	N	ame of P	erson	
	Bass, Berry	& Sims PLC				
			1-	irn/Com	pany	
	150 3rd Ave	nue South, Suite 2800				
				Addres	s	
	Nashville, T	N 37201				
			City/S	State and	Zip Code	
	ŀ	E-mail address: (to be us	sed for	future an	nual report notificati	on)
For further i	nformation co	ncerning this matter, ple	ase cal	1:		
	Margaret Ale		615 ()	259-6721	
	Nam	e of Person	Area (Daytime Telephone	Number
Enclosed is	s a check for th	ne following amount:				
□\$125.00) Filing Fee	□\$130.00 Filing Fee Certificate of Status		Certified	00 Filing Fee & l Copy copy is enclosed)	□\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	New F Divisio P.O. B	g Address iling Section on of Corporations ox 6327 assee, FL 32314		N T 2	treet Address few Filing Section Di he Centre of Tallaha 415 N. Monroe Stree allahassee, Fl. 3230.	ssee et, Suite 810

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited	Liability Company is:				
ARX Merger	Sub, LLC				
(M	ust contain the words "Limited	Liability Company.	"L.L.C.," or "LLC.")		
ARTICLE II - Address The mailing address and	: street address of the principal c	office of the Limited	Liability Company is:		
]	Principal Office Address:		Mailing Address:		
3501 E Front	age Rd., Ste 100	350	E Frontage Rd., Ste 100		
Tampa, FL 3			Tampa, FL 33607		
The name and the Florida	a street address of the registered				
	445 N O di O				
	115 N Calhoun St, Florida street addres		cceptable)		
	Tallahassee		32301		
	City	State	Zip		
place designated in this cer further agree to comply wi	rtificate, I hereby accept the app th the provisions of all statutes r	oointment as register relating to the prope	e above stated limited liability co ed agent and agree to act in this and complete performance of n as provided for in Chapter 605,	capacity. I vy duties, and	
	/s/ K	len Howell, Assistar	t Secretary		
	Regis	tered Agent's Signa	ure (REQUIRED)		
		(CONTINUED)			

ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: "AMBR" = Authorized Member "MGR" = Manager Advanced Rx Management, Inc. 3501 E Frontage Rd., Ste 100 AMBR Tampa, FL 33607 (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 s.817.155, F.S.

Jeffrey Azevedo

Typed or printed name of signee

Filing Fees:

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