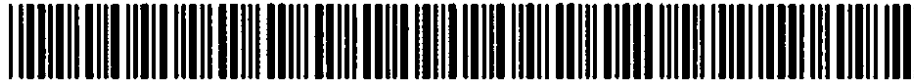


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Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H22000099204 3))



H220000992043ABC

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To:

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

From:

Account Name : HUBCO
Account Number : 104662003400
Phone : (516)935-3940
Fax Number : (516)935-3088

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

Email Address: michaelse@pharmacybcg.com

**FLORIDA PROFIT/NON PROFIT CORPORATION
PHARMACY BENEFITS CONSULTING GROUP INC.**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$78.75



FLORIDA DEPARTMENT OF STATE

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H22000099204

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAMEThe name of the corporation shall be: PHARMACY BENEFITS CONSULTING GROUP INC.**ARTICLE II PRINCIPAL OFFICE**Principal street address

9512 VIA LAGO WAY

FT MYERS, FL 33912

Mailing address, if different is:

ARTICLE III PURPOSEThe purpose for which the corporation is organized is: ANY LEGAL OR LAWFUL PURPOSE**ARTICLE IV SHARES**The number of shares of stock is: 1,000 SHARES AT NO PAR VALUE**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: MICHAEL L SCHALTENBRAND - PRESIDENT/DIRECTORAddress 7400 WEST MAIN STREETBELLEVILLE, IL 62223

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

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IN AND FOR THE COUNTY OF
HARRIS, TEXAS

H22000099204

H22000099204

Name and Title: _____ Name and Title: _____
 Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: DUANE DANIELS
 Address: 9512 VIA LAGO WAY
FT MYERS, FL 33912

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: MICHAEL L SCHALTENBRAND
 Address: 7400 WEST MAIN STREET
BELLEVILLE, IL 62223

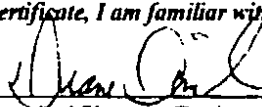
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 TALLAHASSEE, FLORIDA

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

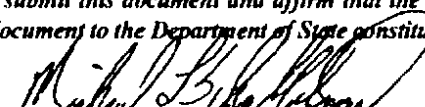
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*


 Required Signature/Registered Agent DUANE DANIELS

MARCH 16, 2022

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the 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.


 Required Signature/Incorporator MICHAEL L SCHALTENBRAND

MARCH 16, 2022

Date

H22000099204