L10000094069

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 OCT -1 PM 2:56

T. HAMPTON
OCT - 4 2010
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Apothecary Pharmacy LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Articles of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Donna Robbins
Name of Person

Business Service Systems PA
Firm/Company

6600 4th Street N 101
Address

St Petersburg FL 33702
City/State and Zip Code

jimwebercpa@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Donna Robbins at (727) 520-8652
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ $25 Filing Fee ☐ $30 Filing Fee & Certificate of Status ☑ $55 Filing Fee & Certified Copy ☐ $60 Filing Fee, Certificate of Status & Certified Copy

Additional $11.25 enclosed

CR2E062 (08/05)

FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
10 OCT -1 PM 4:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

September 24, 2010

DONNA BOBBINS
BUSINESS SERVICE SYSTEMS PA
6600 4TH ST N 101
ST PETERSBURG, FL 33702

SUBJECT: APOTHECARY PHARMACY LLC
Ref. Number: L10000094069

We have received your document for APOTHECARY PHARMACY LLC and your check(s) totaling $43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION AMENDMANT, but your entity is a LIMITED LIABILITY COMPANY ARTICLES OF CORRECTION. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton
Regulatory Specialist II

Letter Number: 910A00022768

ARTICLES OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuant to section 608.4115, F.S., this document is being submitted **within the required 30 business days** to correct the **attached** articles of organization or application to transact business in Florida.

FIRST: The name of the limited liability company is: APOTHECARY PHARMACY LLC

SECOND: The articles of organization or the application to transact business

(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT

☒ Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

1. Article V
Add: Emad H. Baydoun Mgrm
220 Toledo Way N.E.
St Petersburg FL 33704-3834

2. Article VI
OR Change effective date: 9-8-10

☐ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

Dated: 9-30-10

Salami Sahar
Signature of a member or authorized representative of a member

Sahar Salame
Typed or printed name of signee

Filing Fee: **$25.00**
Certified Copy: **$30.00 (optional)**

FILED
10 OCT -1 PM 2:56
SECRETARY OF STATE
DIVISION OF CORPORATIONS

CR2E062 (08/05)

Electronic Articles of Organization For Florida Limited Liability Company

L10000094069
FILED 8:00 AM
September 08, 2010
Sec. Of State
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Article I

The name of the Limited Liability Company is:

APOTHECARY PHARMACY LLC

Article II

The street address of the principal office of the Limited Liability Company is:

6675 83RD AVENUE N
PINELLAS PARK, FL. US 337812068

The mailing address of the Limited Liability Company is:

6675 83RD AVENUE N
PINELLAS PARK, FL. US 337812068

Article III

The purpose for which this Limited Liability Company is organized is:

ANY AND ALL LAWFUL BUSINESS.

Article IV

The name and Florida street address of the registered agent is:

SAHAR A SALAME
6675 83RD AVENUE N
PINELLAS PARK, FL. 337812068

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: SAHAR A SALAME

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DIVISION OF CORPORATIONS
10 OCT -1 PM 2:56

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FILED 8:00 AM
September 08, 2010
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Article V

The name and address of managing members/managers are:

Title: MGRM
SAHAR A SALAME
6675 83RD AVENUE N
PINELLAS PARK, FL. 337812068 US

Article VI

The effective date for this Limited Liability Company shall be:

12/01/2010

Signature of member or an authorized representative of a member

Signature: SAHAR A SALAME

FILED
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DIVISION OF CORPORATIONS
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