

L100000694069

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

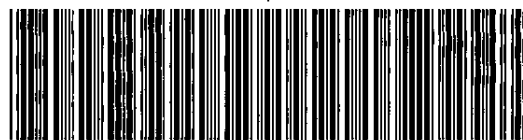
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/04/10--01013--017 **11.25

09/23/10--01028--021 **43.75

FILED
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

CR2E062 (08/05)

*Additional
\$11.25
enclosed*



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

Sahar Salame
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)

**Electronic Articles of Organization
For
Florida Limited Liability Company**

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

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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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

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September 08, 2010
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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

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