

L21000110846

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

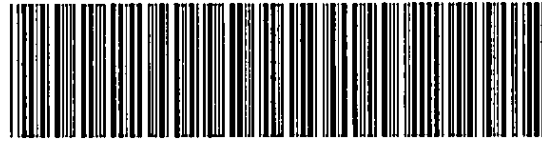
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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01/25/21--01039--017 **160.00

2021 Jan -8 7:05

3/8/2021

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: BASICPHARM LLC
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Flor Marina Yepes

Name of Person
[Handwritten Signature]
Firm/Company

2801NE 183sth Unit 2006W
Address

Aventura, Florida ,33160
City/State and Zip Code

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

For further information concerning this matter, please call:

Flor Marina Yepes 786 3038590
at ()
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

2021 FEB 11 PM 3:05

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

BASICPHARM LLC.

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

2801NE 183sth UNIT 2006w

2801NE 183sth Unit 2006W

AVENTURA, Florida, 33160

AVENTURA, Florida, 33160

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Flor Marina Yepes

Name

2801NE 183rd Street Apto2006W

Florida street address (P.O. Box **NOT** acceptable)

Aventura

Florida

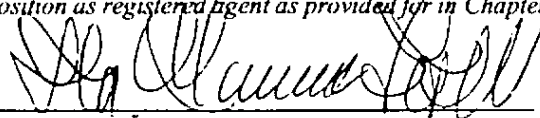
33160

City

State

Zip

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 as provided for in Chapter 605, F.S.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

2021 Dec -3 11:06:05

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

AMBR _____

Flor Marina Yepes
Adrees: 2801NE 183rdStreet Apto 2006W
Aventura FL. 33160

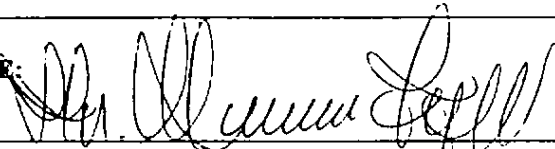
(Use attachment if necessary)

ARTICLE V: 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 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.

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)

2021 Jun 9 11:05



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 20, 2021

FLOR MARINA YEPES
2801NE 183STH UNIT 2006W
AVENTURA, FL 33160

SUBJECT: BASICPHARM LLC.
Ref. Number: W21000024129

We have received your document for BASICPHARM LLC. and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

CITY , STATE AND ZIP CODE REQUIRED FOR ARTICLE II.

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) 245-6052.

WILLIAM LAWRENCE
Regulatory Specialist II

Letter Number: 621A00003841

2021 MAR 8 6:05

RECEIVED
2021 MAR - 8 PM 2: 38
DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
REGISTRATION SERVICES