

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)922-4003

From:

Account Name : PARCORP SERVICES, LTD.
Account Number : I19990000011
Phone : (727)320-9848
Fax Number : (727)320-9648

LIMITED LIABILITY COMPANY

YOGI PHARMACY, LLC

L-11186

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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STATE OF FLORIDA - ARTICLES OF ORGANIZATION OF
YOGI PHARMACY, LLC

Pursuant to s. 608.407, Florida Statutes.

ARTICLE I - Name:

The name of the Limited Liability Company is:

YOGI PHARMACY, LLC**ARTICLE II - Address:**

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

5380 GULF OF MAXICO DR., BLDG 4, UNIT 101, LONGBOAT KEY, FL 34228**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

KETAN PATEL

Name

5380 GULF OF MAXICO DR., BLDG 4, UNIT 101Florida street address (P.O. Box ~~NOT~~ ACCEPTABLE)**LONGBOAT KEY, FL 34228**

City, State and 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 608, F.S.


Registered Agent's Signature**ARTICLE IV - Management (Check Box if Applicable.)**

☐ The Limited Liability Company is to be managed by one manager or more managers and is therefore, a manager - managed company.


Signature of a member or authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

MICHAEL J. JAGODA

Typed or Printed name of signee

Preparer Info:Parcorp Services, Ltd. / Michael J. Jagoda,
PMB 258 - 13799 PARK BLVD. N., SEMINOLE, FL 33776 / Phone: 727-320-9848

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**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507 FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is:

YOGI PHARMACY, LLC

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

KETAN PATEL

Name

5380 GULF OF MAXICO DR., BLDG 4, UNIT 101

Florida street address (P.O. Box NOT ACCEPTABLE)

LONGBOAT KEY, FL 34228

City, State and 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 608, F.S.



Registered Agent **KETAN PATEL**

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