

L03000032586

(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:

Name
Availability

Document

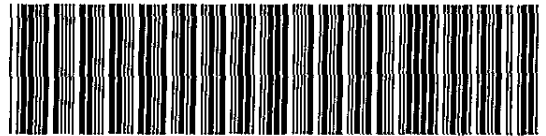
Examiner DCC
Office Use Only

Updater DCC

Updater
Verifier DCC

Acknowledgement DCC

W. P. Verifier DCC



600022213926

08/27/03--01016--001 **125.00

FILED
03 AUG 27 AM 8:00
SECRETARY OF STATE
TALLAHASSEE FLORIDA

John Laskowski
18 Hill Avenue
Orlando, FL 32801
Ph: 888-452-1122

August 24, 2003


Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Incorporation of American Maple Leaf RX, LLC

Dear Registration Section:

Please find enclosed for filing the original Articles of Organization for American Maple Leaf RX, LLC, along with the filing fee of \$125.00, payable to the Florida Department of State.

Thank you for your attention to this matter.


John Laskowski

FILED
03 AUG 27 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: American Maple Leaf RX, 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:

John Laskowski

(Name of Person)

American Maple Leaf RX, LLC

(Firm/Company)

3586 Aloma Avenue, Suite 1

(Address)

Winter Park, FL 32792

(City/State and Zip Code)

For further information concerning this matter, please call:

John Laskowski

(Name of Person)

at (407) 415-1167

(Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:

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

FILED
03 AUG 27 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

American Maple Leaf RX, LLC

ARTICLE II - Address:

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

Principal Office Address:

3586 Aloma Avenue, Suite 1

Winter Park, FL 32792

Mailing Address:

3586 Aloma Avenue, Suite 1

Winter Park, FL 32792

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

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

John Laskowski

Name

3586 Aloma Avenue, Suite 1

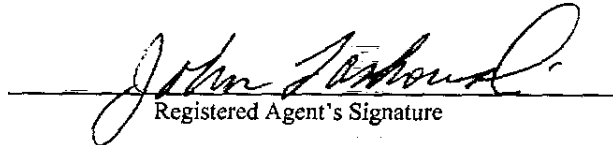
Florida street address (P.O. Box **NOT** acceptable)

Winter Park FL 32792

City, State, and Zip

FILED
03 AUG 27 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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's Signature

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:



Signature of a member or an 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.)

John Laskowski

Typed or printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03 AUG 27 AM 8:00

FILED