

L030000040757

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

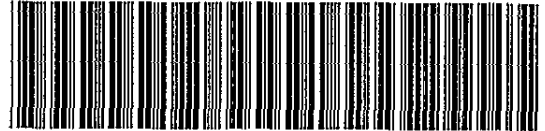
(Business Entity Name)

(Document Number)

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2003 OCT 16 PM 3:37  
TALLAHASSEE, FLORIDA

J. BROWN OCT 24 2003

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Home Care Pharmacy, 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:

Darren Denny  
(Name of Person)

Home Care Pharmacy, LLC  
(Firm/Company)

1144 Tallevast Road Suite 105  
(Address)

Sarasota, FL 34243  
(City/State and Zip Code)

For further information concerning this matter, please call:

Darren Denny at ( 813 ) 781-3124  
(Name of Person) (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  
2003 OCT 16 PM 3:37  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

FILED  
2003 OCT 16 PM 3:31  
CLERK OF SUPERIOR COURT  
TALLAHASSEE, FLORIDA

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Home Care Pharmacy, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

1144 Tallevast Road

Suite 105

Sarasota, FL 34243

**Mailing Address:**

1144 Tallevast Road

Suite 105

Sarasota, FL 34243

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

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

Lynn M. Anderson

Name

1144 Tallevast Road Unit 105

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

Sarasota FLORIDA 34243

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, Florida Statutes..*

  
Registered Agent's Signature

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2003 OCT 16 PM 3:37  
JENNIFER CORPORATION  
TALLAHASSEE, FLORIDA

**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:**

MGR

Darren Denny

1144 Tallevast Rd #105

Sarasota, FL 34243

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(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.)

Lynn M. Anderson

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)