

L04000088057

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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WAIT

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MAIL

(Business Entity Name)

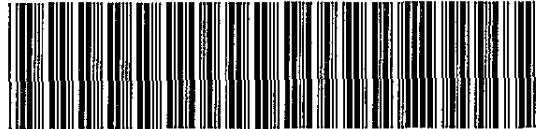
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SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 NOV 19 AM 11:00

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Velt*

FROM : SANDY RIDGE CARE CENTER

FAX NO. : 8506268535

Dec. 07, 2004 10:58AM P2

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Compounding Distributors 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:

George Thuesen
(Name of Person)

Compounding Distributors
(Firm/Company)

1193 Autumn Breeze Cir.
(Address)

Gulf Breeze, FL 32563
(City/State and Zip Code)

For further information concerning this matter, please call:

George Thuesen
Rebecca Thuesen at (850) 916-0157
(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)

Walt
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

LO4-88057

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Compounding Distributors 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:**1193 Autumn Breeze Cir.
Gulf Breeze, FL.
325631193 Autumn Breeze Cir.
Gulf Breeze, FL.
32563**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

George Thuesen
Name

1193 Autumn Breeze Cir.
Florida street address (P.O. Box **NOT** acceptable)

Gulf Breeze FL 32563
City, State, and Zip

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 NOV 19 AM 11:00

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..

George Thuesen
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:MGRGeorge Thuesen
1193 Autumn Breeze Cir
Gulf Breeze, FL 32563MGRMRebecca Thuesen
1193 Autumn Breeze Cir
Gulf Breeze, FL 32563

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.**REQUIRED SIGNATURE:**Rebecca Thuesen
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.)

Rebecca Thuesen
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)