

LO50000019862

(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



100047204041

02/25/05--01027--014 **155.00

FILED
05 FEB 25 PM 1:24
STATE
TALLAHASSEE, FLORIDA

CO-28-05

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Pill Group, 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:

JELBER JAINES

(Name of Person)

The Pill Group, LLC.

(Firm/Company)

1612 SW 159 Ave.

(Address)

Pembroke Pines, FL 33027

(City/State and Zip Code)

For further information concerning this matter, please call:

JELBER JAINES

(Name of Person)

at (754) 423-8948

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee & Certificate of Status | <input checked="" type="checkbox"/> \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
|--|--|---|---|

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
05 FEB 25 PM 1:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

THE PILL GROUP, LLC.

ARTICLE II – Address:

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

Principal Office Address:

**1612 SW 159th. Ave.
Pembroke Pines,
Florida 33027**

Mailing Address:

**1612 SW 159th. Ave.
Pembroke Pines,
Florida 33027**

ARTICLE III – Purpose:

The purpose for which this Limited Liability Company is organized is:

ANY AND ALL LAWFUL BUSINESS.


**ARTICLE IV – Registered Agent, Registered Office, & Registered Agent's
signature:**

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

**JELBER JAIMES
1612 SW 159th. Ave.
Pembroke Pines, FL 33027**

FILED
05 FEB 25 PM 1:24
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 in Chapter 608, F. S.



Registered Agent's Signature

ARTICLE V – Manager (s) or Managing Member:

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

Title

Name and Address

MGR (Manager)

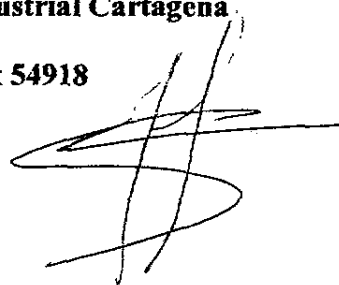
MGRM (Managing Member)

MGRM

**MAURICIO ARCAS
85 Dean St. Apt. 4F
Brooklyn, NY 11201.**

MGRM

**ALEJANDRO TOUSSIER
Avenida Tres No. 20
Parque Industrial Cartagena
Tultitlan,
Edo de Mex 54918
Mexico**



Signature of a member

FILED
05 FEB 25 PM 1:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(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.)

MAURICIO ARCAS

Typed or printed name of signee