

L05000113514

(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:

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05 NOV 23 PM 1:36

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AND
FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JR PHARMACY PLLC
(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:

JOSHUA ADEDOYIN

(Name of Person)

(Firm/Company)

17694 DEER ISLE CIRCLE

(Address)

WINTER GARDEN, FL. 34787

(City/State and Zip Code)

For further information concerning this matter, please call:

JOSHUA ADEDOYIN

(Name of Person)

at (407) 923-6093

(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)

Mailing Address

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

Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

November 9, 2005

JOSHUA ADEDOYIN
17694 DEER ISLE CIRCLE
WINTER GARDEN, FL 34787

SUBJECT: JR PHARMACY PLLC
Ref. Number: W05000050452

We have received your document for JR PHARMACY PLLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The specific purpose of the entity must be set forth in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6853.

Leslie Sellers
Document Specialist

Letter Number: 805A00066925

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

JR PHARMACY PLLC

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

ARTICLE II - Address:

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

Principal Office Address:

17694 DEER ISLE CIRCLE
WINTER GARDEN, FL. 34787

Mailing Address:

17694 DEER ISLE CIRCLE
WINTER GARDEN, FL. 34787

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

JOSHUA ADEDOYIN

Name

17694 DEER ISLE CIRCLE

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

WINTER GARDEN, FL. 34787

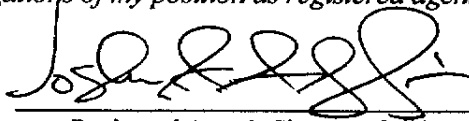
City, State, and Zip

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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AND
FILED

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 (REQUIRED)

(CONTINUED)

Page 1 of 2

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:

MGRM

JOSHUA A. ADEDOYIN

17694 DEER ISLE CIRCLE

WINTER GARDEN, FL. 34787

MGRM

ROGER TEWARI

4449 LAKE CALABAY DRIVE

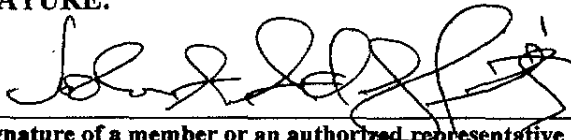
ORLANDO, FL. 32837

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.)

JOSHUA ADEDOYIN

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)

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TALLAHASSEE, FLORIDA

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ATTACHMENT

The specific purpose of the entity is to sell pharmaceutical drugs and durable medical equipment.

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TALLAHASSEE, FLORIDA