

L10000061112

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

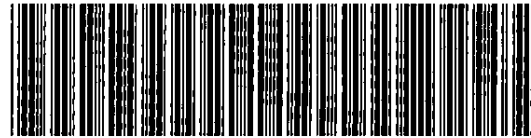
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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700181562847

Effective Date 06/10/2010

06/07/10--01034--014 \*\*130.00

FILED  
10 JUN - 7 PM 1:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. BRYAN

JUN - 8 2010

EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: BEST BEACH 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:

DANIEL L. KAPLAN

Name of Person

Firm/Company

4020 GALT OCEAN DR. #1408

Address

FORT LAUDERDALE, FLORIDA 33308

City/State and Zip Code

DL KAPLAN @ ATT.NET

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DANIEL KAPLAN

Name of Person

at ( 954 ) 260-9852

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

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10 JUN - 7 PM 1:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

BEST BEACH PHARMACY LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "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:

4020 GALT OCEAN DR #1408  
FORT LAUDERDALE, FL 33308

4020 GALT OCEAN DR #1408  
FIAT LAUDERDALE, FL 33308

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:

Effective Date 06/10/2010

PANIEL KARIAN

Name

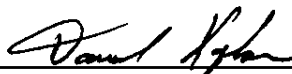
4020 GALT OCEAN DR #1408

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

FORT LAUDERDALE FL 33308

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, F.S.*



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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10 JUN - 7 PM 1:56  
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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/MGRM

DANIEL L. KAPLAN  
4020 GALT OCEAN DR #1408  
FORT LAUDERDALE, FL 33308

MGR/MGRM

ARON BOORSTEIN  
501 SE 2<sup>ND</sup> ST. #1314  
FORT LAUDERDALE, FL 33301

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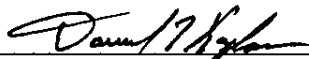
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(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: JUNE 10, 2010 (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.)

DANIEL L. KAPLAN

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)