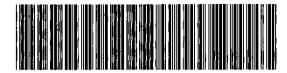
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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Signification ERS JUL - 9 2010
EXAMINER
Town Town

Office Use Only



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06/28/10--01032--023 **155.00

SEGRETARY OF STATE

FILED

COVER LETTER

TO: Registration Section **Division of Corporations** SUBJECT: EBONY DRUGS & SUNDRIES 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: Cleaster Macourek Cherry Name of Person Ebony Drugs & Sundries LLC. Firm/Company 5720 N.W 17th ave Address Miami Florida 33142 City/State and Zip Code cleaster.cherry@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: ₃968-0892 Cleaster Macourek Cherry at (305 Name of Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount: 155.00 Filing Fee & □\$125.00 Filing Fee **□\$130.00** Filing Fee & □ \$160.00 Filing Fee,

Mailing Address

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

Certificate of Status

Street/Courier Address

Certified Copy

(additional copy is enclosed)

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

Certificate of Status & Certified Copy

(additional copy is enclosed)



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 29, 2010

CLEASTER MACOUREK CHERRY 5720 NW 17TH AVENUE MIAMI, FL 33142

SUBJECT: EBONY DRUGS & SUNDRIES LLC.

Ref. Number: W10000031080

We have received your document for EBONY DRUGS & SUNDRIES LLC. and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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) 245-6967.

Leslie Sellers Regulatory Specialist II

Letter Number: 710A00015970

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Ebony Drugs & Sundries LLC. (Must end with the words "Limited Liability	y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the print	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
5720 N.W. 17th ave	5720 N.W 17th ave
Miami Floirda 33142	Miami Florida 33142
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) The name and the Florida street address of the registration.	red Agent. You must designate an individual or another
Cleaster Macourek Che	rrv
Name	,
10924 S.W. 137 th CT.	<u> </u>
	ess (P.O. Box <u>NOT</u> acceptable)
	FL 33186
	e, and Zip Except service of process for the above stated limited

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

FILED

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SECRETARY OF STATE

SECRETARY OF STATE

ARTICLE IV- Manager(s) or Managing Member(s):

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

MGR	Cleaster Macourek Chreey	
MOIX	10924 S.W. 137th CT.	
	Miami Florida 33186	
	Main Fibrua 33100	
	- · · · · · · · · · · · · · · · · · · ·	• • •
	•	
		
		
(Use attachment if necessary)		
LE V: Effective date, if other than	the date of filing: July 1 2010	(OPTION

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.)

er Niacouret

Vined or printed name of signer

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)