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Special Instructions to Filing Officer

L. SELLERS

JUL -9 2010

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 JUL -8 PM 12:07

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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:

Cleaster Macourek Cherry

Name of Person

at (305)

968-0892

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
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 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:

5720 N.W. 17th ave

Miami Floirda 33142

Mailing Address:

5720 N.W 17th ave

Miami Florida 33142

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:

Cleaster Macourek Cherry

Name

10924 S.W. 137 th CT.

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

Miami

FL 33186

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..

Cleaster Macourek Cherry

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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SECRETARY OF STATE
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

Cleaster Macourek Chreey

10924 S.W. 137th CT.

Miami Florida 33186

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: July 1 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:

Cleaster Macourek Chreey

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.)

Cleaster MACOUREK Chreey

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)