

L10000084093

(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:

W10-31197

Office Use Only



600182451466

08/05/10--01004--001 \*\*46.25

06/28/10--01010--005 \*\*78.75

FILED  
10 AUG 10 AM 10:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. BRUCE

AUG 11 2010

EXAMINER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 5, 2010

MICHAEL AYOTUNDE  
5854 S.E. 5TH STREET  
OCALA, FL 34472

SUBJECT: PEPPER TREE PHARMACY  
Ref. Number: W10000031197

We have received your document for PEPPER TREE PHARMACY 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 registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

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

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce  
Regulatory Specialist II

Letter Number: 010A00018824

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10 AUG 10 AM 10:30

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 30, 2010

MICHAEL AYOTUNDE  
5854 S.E. 5TH STREET  
OCALA, FL 34472

SUBJECT: PEPPER TREE PHARMACY  
Ref. Number: W10000031197

We have received your document for PEPPER TREE PHARMACY and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The fees to file a Florida Limited Liability Company or register a Foreign Limited Liability Company are as follows: \$100 filing fee; and \$25 registered agent designation fee. Please include an additional \$30 for each certified copy requested (optional) and \$5.00 for each certificate of status requested (optional).

The name of a limited liability company must end with the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The word "Limited" may be abbreviated as "Ltd." and the word "Company" may be abbreviated as "Co." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." Please amend your document accordingly.

There is a balance due of \$46.25.

Chapter 608, Florida Statutes, does not allow limited liability companies to issue shares or stock. Consequently, limited liability company documents cannot contain any references/terms which may implicate otherwise. Please delete any references to terms such as "shares," "stock," "stockholders," "shareholders" or the like from your 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) 245-6984.

Deborah Bruce  
Regulatory Specialist II

Letter Number: 010A00016023

10 AUG 10 AM 10:30

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## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Peppertree 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:

Michael Ayotunde  
Name of Person

\_\_\_\_\_  
Firm/Company

6648 Currin Dr  
Address

Orlando, FL 32835  
City/State and Zip Code

olatoks@bellsouth.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Elizabeth Ayotunde at (407) 522-5685  
Name of Person 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 &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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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TALLAHASSEE, FLORIDA

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Peppertree 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:**

5854 S.E. 5<sup>th</sup> St  
Ocala, FL 34472

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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:

See Attachment  
Name

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

FL  
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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**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

**REGISTERED AGENT (for Pepper Tree Pharmacy)**

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.



Signature/Registered Agent

Dean F. Mosley

Attorney

250 N. Orange Avenue, Suite 550

Orlando, Florida 32801

Tel: 407-649-7111

Fax: 407-649-7127

Fl. Bar: 0496995

Date:

8/10/10

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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:**

MGRM

Michael Ayotunde  
P.O. Box 370  
Ocoee, FL 34761

MGRM


Elizabeth Ayotunde  
P.O. Box 370  
Ocoee, FL 34761

(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.)

Elizabeth Ayotunde

Typed or printed name of signee

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TALLAHASSEE, FLORIDA

**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)