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Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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EFFECTIVE DATE 01-01-12

To:

10/26/2029 00:20

Division of Corporations Fax Number : (850)617-6383

From:

Account Name : LAZARUS CORFORATE FILING SERVICE, INC. Account Number : I20000000019 Phone : (305)552-5973 Fax Number : (305)220-1440

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

FLORIDA LIMITED LIABILITY CO. CHEMISTRY AND MED LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00



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Electronic Filing Menu Corporate Filing Menu

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EXAMINER2011



#7782 P.003/004

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Chemistry and Hed LLC. (Must end with the world's "Linsited Liebility Company, "LL.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:

Hiemit, FL.

14335 510 120 st +211

14335 SW	120	5+ + 211	
<u>Uismin Fl</u>	. 32	3186	

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:

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 & Squatture (REQUIRED)	-
(CONTINUED)	
Page 1 of 2	

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Name and Address:

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

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

Title:

10/26/2029 00:20

"MGR" = Manager "MGRM" = Managing Member

NGZ

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4335	5W	20	<u>जा.</u>	#21
Miami	FL	37	5186	

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: $\frac{O1/O1/12}{O1/O1}$ (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.)

REOUIRED SIGNATURE:

Signature of a member or an anthorized 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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in a.817.155, F.S.)

Valana i or printed name of signee

Filing Fees:

\$125.08 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 39.00 Certified Copy (Optional)
\$ 5.90 Certificate of Status (Optional)

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Fax Server



December 15, 2011

FLORIDA DEPARTMENT OF STATE LAZARUS CORPORATE FILING SERVICE, INC.

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SUBJECT: CHEMISTRY AND MED LLC REF: W11000062484

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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 or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6028.

Barbara Bostick Regulatory Specialist II FAX Aud. #: H11000292756 Letter Number: 611A00027956

P.O BOX 6327 - Tailabassee, Florida 32314