

L120000027808

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

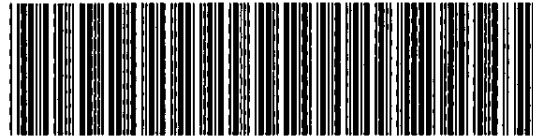
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W120000010148

Office Use Only



900221970829

02/20/12--01026--004 **130.00

FILED
12 FEB 27 AM 9:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

FEB 28 2012

EXAMINER

EFFECTIVE DATE 02/27/12



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 21, 2012

YISET L. ESPINO
9615 SW GRAND CANAL DR.
MIAMI, FL 33174

SUBJECT: BELLA VISTA PHARMACY AND DISCOUNT LLC
Ref. Number: W12000010148

We have received your document for BELLA VISTA PHARMACY AND DISCOUNT LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on February 20, 2012. Please amend your document accordingly.

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) 245-6051.

Deborah Bruce
Regulatory Specialist II

Letter Number: 512A00007570

FILED
12 FEB 27 AM 9:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Bella Vista Pharmacy and Discount 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:

Yiset L. Espino

Name of Person

Bella Vista Pharmacy and Discount LLC

Firm/Company

9615 SW Grand Canal Dr.

Address

Miami, FL 33174

City/State and Zip Code

yisettespino@yahoo.com

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

For further information concerning this matter, please call:

Yiset L. Espino

Name of Person

at (786) 208-8045

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

FILED
12 FEB 27 AM 9:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Bella Vista Pharmacy and Discount 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:

1550 SW 1st ST

Unit 8-9

Miami, FL 33135

Mailing Address:

1550 SW 1st ST

Unit 8-9

Miami, FL 33135

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:

Yiset L. Espino

Name

9615 SW Grand Canal Dr.

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

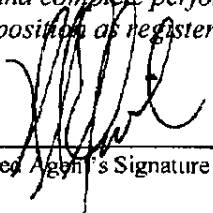
Miami

FL 33174

City, State, and Zip

FILED
12 FEB 27 AM 9:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

EFFECTIVE DATE 02/27/12

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

Yiset L. Espino

9615 SW Grand Canal DR

Miami FI 33174

MGRM

Pavel M. Lopez

9615 SW Grand Canal DR

Miami FL33174

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 02-27-2012 (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. 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 s.817.155, F.S.)

Yiset L. Espino

Typed 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)

FILED
12 FEB 27 AM 9:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA