## L12000098396

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Codification of Charles				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



500237814415

07/30/12--01005--019 \*\*125.00

FILED

12 JUL 30 PH 1: 59

SEPRETARE OF STATE
SEPRETARE FLORIDA

C. LEWIS

JUL 3 1 2012

EXAMINER

## **COVER LETTER**

	Division of Corporations					
_	SUBJECT: East Coast Nuclear Ph	narmacy				
		ted Liability Company				
	The enclosed Articles of Organization and fee(s) are	submitted for filing.				
	Please return all correspondence concerning this man	matter to the following:				
	Geoff Becker					
		Name of Person				
	Becker Enterprises, LLC					
		Firm/Company				
	32 Timberland Cr. N					
		Address				
	Fort Myers, FL 33919					
		ty/State and Zip Code				
	geoff.bckr@gmail.com F-mail address: (to be used	for future armual report notification)				
For further information concerning this matter, please call:						
	Geoff Becker	_at (239) 707-7477				
	Name of Person	Area Code & Daytime Telephone Number				
	Enclosed is a check for the following amount:					
<b>✓</b>	\$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$160.00 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				

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is	s:
East Coast Nuclear Pharmac	
(Must end with the words "Limited Liab	bility Company, "I.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the part of th	principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
226 Fairway Dr.	PO Box 2468
S. Burlington VT, 05403	Fort Myers, FL 33902
ARTICLE III - Registered Agent, Registere (The Limited Liability Company cannot serve as its own Registusiness entity with an active Florida registration.)	istered Agent. You must designate an individual or another
The name and the Florida street address of the	registered agent are:
Sue Menke	ALCO I
Name	
7202 Pelas Circl	e (SSE)
Florida street ac	Idress (P.O. Box NOT acceptable)

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..

City, State, and Zip

Registered Agent's Signature (REQUIRED)

**North Fort Myers** 

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows:		FILED
The name and address of each ividiage	er or ivianaging ivientuel is as follow	ws. - 12 JUL 30 PM 1: 59
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	SECRETARY OF STATE TALLAHASSEE, FLORID
MGRM	Tom DeFranco	
	226 Fairway Dr. S. Burlington VT, 05403	
MGR	Geoff Becker	
	32 Timberland Cr. N	
	Fort Myers, FL 33919	
MGR	Warren Cal Gray, Jr.	
	940 Lake Elbert Dr SE	
	Winterhaven, FL 33880	
		· · · · · · · · · · · · · · · · · · ·
CLE V: Effective date, if other than the deffective date is listed, the date must be 0 days after the date of filing.)	date of filing: August 1, 2012 specific and cannot be more than	(OPTIONAL) five business days prior
REQUIRED SIGNATURE:		
Whenh		
Signature of a member	or an authorized representative of a m	ember.
constitutes an affirmation under t I am aware that any false informa	408(3), Florida Statutes, the execution of the penalties of perjury that the facts state ation submitted in a document to the Depas provided for in s.817.155, F.S.)	ed herein are true.
constitutes a third degree felony	as provided for in activities, 1 ass,	
constitutes a third degree felony a  Geoff Becker	as provisou for in dio 17.102, 1 to.,	
Geoff Becker	ed or printed name of signee	

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

\$125.00 Filing Fee for Articles of Organization and Designation