

L12000100416

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12 AUG 31 PM 4:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

12 AUG 31 AM 8:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPDIRECT AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE,
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

CONTACT: RICKY SOTO

DATE: 08/31/2012

REF. #: 002244.172084

CORP. NAME: TRANSITIONS PHARMACY, LLC

- | | | |
|--|--|--|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input checked="" type="checkbox"/> ARTICLES OF CORRECTION | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input type="checkbox"/> OTHER: | | |

STATE FEES PREPAID WITH CHECK# 100838 FOR \$ 25.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$ _____

PLEASE RETURN:

- | | | |
|--|---|--|
| <input type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input checked="" type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials

ARTICLES OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

FILED

12 AUG 31 AM 8:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to section 608.4115, F.S., this document is being submitted within the required 30 business days to correct the attached articles of organization or application to transact business in Florida.

FIRST: The name of the limited liability company is:
TRANSITIONS PHARMACY, LLC (Document No. L12000100416)

SECOND: The articles of organization or the application to transact business

(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)



Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

1. Matthew R. File is incorrectly listed as Manager. He should be replaced with

the GMF Revocable Trust u/a/d August 31, 2012, the correct Manager.

2. Steven H. Selznick is incorrectly listed as Manager. He should be removed.

OR



Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

Dated: August 31, 2012



Signature of a member or authorized representative of a member

Daniel G. Musca, as Authorized Representative

Typed or printed name of signee

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)

**Electronic Articles of Organization
For
Florida Limited Liability Company**

L12000100416
FILED 8:00 AM
August 03, 2012
Sec. Of State
clewis

Article I

The name of the Limited Liability Company is:
TRANSITIONS PHARMACY, LLC

Article II

The street address of the principal office of the Limited Liability Company is:
13139 W. LINEBAUGH AVE.
SUITE 101
TAMPA, FL. US 33626

The mailing address of the Limited Liability Company is:
13139 W. LINEBAUGH AVE.
SUITE 101
TAMPA, FL. US 33626

Article III

The purpose for which this Limited Liability Company is organized is:
ANY AND ALL LAWFUL BUSINESS.

Article IV

The name and Florida street address of the registered agent is:
DANIEL G MUSCA ESQ.
13139 W. LINEBAUGH AVE.
SUITE 101
TAMPA, FL. 33626

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.

Registered Agent Signature: DANIEL G. MUSCA

Article V

The name and address of managing members/managers are:

Title: MGR
MATTHEW R FILE
13139 W. LINEBAUGH AVE., SUITE 101
TAMPA, FL. 33626 US

Title: MGR
STEVEN H SELZNICK
13139 W. LINEBAUGH AVE., SUITE 101
TAMPA, FL. 33626 US

Title: MGR
VENKATESH P NAGALAPADI
13139 W. LINEBAUGH AVE., SUITE 101
TAMPA, FL. 33626 US

Signature of member or an authorized representative of a member

Electronic Signature: DANIEL G. MUSCA

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.

L12000100416
FILED 8:00 AM
August 03, 2012
Sec. Of State
clewis