

L 13000038473

(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:

Office Use Only



500246187095

04/01/13--01043--005 **60.00

FILED
13 APR -1 PM 2:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
APR 3 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Vicrin, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Articles of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

BRUCE KASSOVER

Name of Person

Vicrin, LLC

Firm/Company

227 SW 2nd Ave.

Address

Fort Lauderdale, FL 33301

City/State and Zip Code

bkassover@POLYPILLRX.com

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

For further information concerning this matter, please call:

BRUCE KASSOVER at (954) 684-0475
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- ☐ \$25 Filing Fee ☐ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☒ \$60 Filing Fee, Certificate of Status & Certified Copy

**ARTICLES OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

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.

FILED
13 APR -1 PM 2:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FIRST: The name of the limited liability company is:

VICRIN, LLC

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:

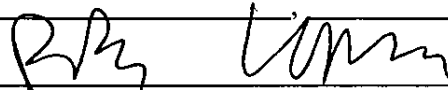
ARTICLE II - STREET Address and Mailing Address
were incorrectly entered. Both Addresses should BE:
227 S.W. 2nd Avenue
Fort Lauderdale, FL 33301

OR

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

Dated: _____

3-27-2013



Signature of a member or authorized representative of a member

BRUCE KASSOVER

Typed or printed name of signee

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

Certified Copy

I certify the attached is a true and correct copy of the Articles of Organization of VICRIN, LLC, a limited liability company organized under the laws of the state of Florida, filed electronically on March 13, 2013, as shown by the records of this office

I further certify that this is an electronically transmitted certificate authorized by section 15.16, Florida Statutes, and authenticated by the code noted below.

The document number of this limited liability company is L13000038473.

Authentication Code: 130314091054-700245675407#1

Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this the
Fourteenth day of March, 2013



Ken Detzner
Ken Detzner
Secretary of State

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

L13000038473
FILED 8:00 AM
March 13, 2013
Sec. Of State
Isellers

Article I

The name of the Limited Liability Company is:

VICRIN, LLC

Article II

The street address of the principal office of the Limited Liability Company is:

2010 SCOTT STREET
HOLLYWOOD, FL. US 33020

The mailing address of the Limited Liability Company is:

2010 SCOTT STREET
HOLLYWOOD, FL. US 33020

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:

BRUCE H KASSOVER
227 S.W. 2ND AVENUE
FORT LAUDERDALE, FL. 33301

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: BRUCE KASSOVER

Article V

The name and address of managing members/managers are:

Title: MGR
BRUCE H KASSOVER
227 S.W. 2ND AVENUE
FORT LAUDERDALE, FL. 33301

L13000038473
FILED 8:00 AM
March 13, 2013
Sec. Of State
Isellers

Signature of member or an authorized representative of a member

Electronic Signature: BRUCE KASSOVER

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.