

L13000076829

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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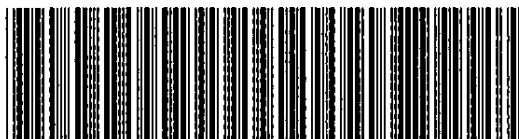
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2013 MAY 24 AM 11:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Collins MAY 28 2013

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BRYANT PHARMACEUTICAL AGENCY, 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:

LEWIS E. DINKINS, ESQUIRE

(Name of Person)

LEWIS E. DINKINS, P.A.,

(Firm/Company)

201 N. E. 8th Ave.,

(Address)

Ocala, Florida 34470

(City/State and Zip Code)

For further information concerning this matter, please call:

Mickey Miller c/o L.E. Dinkins

(Name of Person)

at (352) 622-4176

(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)

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:

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

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED
LIABILITY COMPANY
FOR**

BRYANT PHARMACEUTICAL AGENCY, LLC.

**ARTICLE I
NAME**

The name of the Limited Liability Company is:

BRYANT PHARMACEUTICAL AGENCY, LLC.

**ARTICLE II
ADDRESS**

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

Principal Office Address:

714 Southwest Third Street
Ocala, Florida 34471

Mailing Address:

714 Southwest Third Street
Ocala, Florida 34471

and the Limited Liability Company shall have the privilege of having
branch offices at other places within and without the State of Florida.

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TALLAHASSEE, FLORIDA

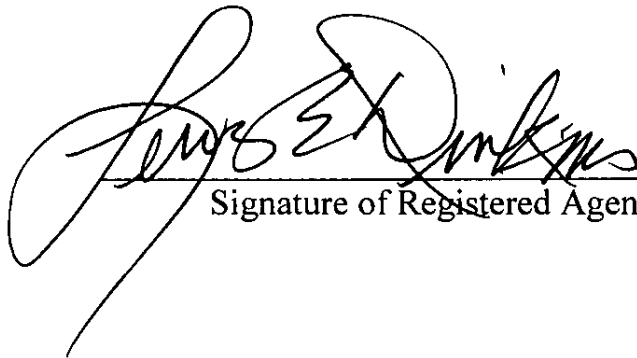
ARTICLE III

**REGISTERED AGENT, REGISTERED OFFICE &
REGISTERED AGENT'S SIGNATURE**

The name and the Florida stress address of the registered agent are:

**LEWIS E. DINKINS, ESQUIRE
201 Northeast Eighth Avenue
Ocala, Florida 34470**

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 Florida Statutes Chapter 608.



Signature of Registered Agent

ARTICLE IV

MANAGER(S) OR MANAGING MEMBERS(S)

Title:

“MGR” = Manager

“MGRM”= Managing Member

Name and Address:

Barbara B. Coleman
MGRM

714 S. W. Third Street
Ocala, Florida 34471

(Note: An additional article must be added if an effective date is requested.)

REQUIRED SIGNATURE:

Barbara C. Coleman

Signature of a member or an authorized
representative of a member.

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TALLAHASSEE, FLORIDA

(In accordance with § 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).

BARBARA B. COLEMAN

Typed or printed name of signee