

L13000107299

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

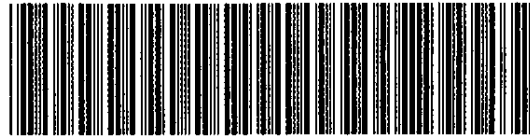
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2013 JUL 29 PM 12:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Cuffigan JUL 30 2013

DONALD L. FERRIS (1924-2012)
CARL D. FERRIS

FERRIS
LAW OFFICE
225 COURT STREET
P. O. Box 541
HAMILTON, OHIO 45012

PHONE (513) 896-7722
FAX (513) 896-7830

July 22, 2013

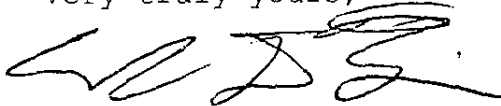
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Sir:

Enclosed please find the original and one copy of the Articles of Organization of Sunline Pharmacy, LLC, as well as a check for \$125.00. Please file the originals and return a file-stamped copy to me in the enclosed self-addressed envelope.

If you have any questions, or need any further information, please do not hesitate to contact me.

Very truly yours,

A handwritten signature in black ink, appearing to read 'C. D. Ferris', with a stylized flourish at the end.

Carl D. Ferris
Attorney at Law

CDF/scb

Enclosures

(850) 245-6051.

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: **Sunline Pharmacy, 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:

Carl D. Ferris

Name of Person

Attorney at Law

Firm/Company

225 Court St., P.O. Box 541

Address

Hamilton, OH 45012

City/State and Zip Code

ferrislawoffice@aol.com

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

For further information concerning this matter, please call:

Carl D. Ferris

Name of Person

at (**513**) **896-7722**

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Sunline Pharmacy, 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:

1725 N.W. 79th Ave.

Doral, FL 33126

Mailing Address:

1725 N.W. 79th Ave.

Doral, FL 33126

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:

Rose Williams

Name

8352 Man O War Rd.

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

Palm Beach Gardens, FL 33418

City, State, and Zip

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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..

Rose Williams

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

Rose Williams

8352 Man O War Rd.

Palm Beach Gardens, FL 33418

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____. (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:

Rose Williams

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.)

Rose Williams

Typed or printed name of signee

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)

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2018 JUL 29 PM 12:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA