L1400008086

(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



500253981945

12/02/13--01026--009 **150.00

13 DEC -2 AM 8: LI
SECRETARY OF STATE
TALLAHASSEE. FLORIDA





COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Laboratorios Pharn	nakum LLC	
	e of Resulting Florida Lir	nited Company)
		ation, and fees are submitted to convert an ompany" in accordance with s. 608.439, F.S.
Please return all correspondence conce	rning this matter to:	
Consuelo Raidi		
(Contact Person)		•
Laboratorios Pharmakum LLC		
(Firm/Company)		•
3340 NE 190th Street		
(Address)		
Aventura, FL 33180		
(City, State and Zip Co		
craidirivero@hotmail.com	ide (
E-mail address: (to be used for future annual re	enort notifications)	
For further information concerning this	s matter, please call:	
Consuelo Rivero	at (786	925-6965
(Name of Contact Person)		and Daytime Telephone Number)
Enclosed is a check for the following a	mount:	
7 \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) \$155.00 Filing Fees and Certificate of Status	s S180.00 Filing Fe and Certified Cop	
STREET ADDRESS:		ING ADDRESS:
Registration Section		ation Section
Division of Corporations Clifton Building		n of Corporations ox 6327
2661 Executive Center Circle		assee, FL 32314

Tallahassee, FL 32301



December 3, 2013

CONSUELO RAIDI 3340 NE 190TH STREET AVENTURA, FL 33180

SUBJECT: LABORATORIOS PHARMAKUM LLC

Ref. Number: W13000066015

We have received your document for LABORATORIOS PHARMAKUM LLC and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date of the conversion cannot be prior to the date of filing nor more than 90 days after the date of filing and must be the same as the effective date listed in the Florida Articles of Organization, if any.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 713A00027502

Tim Burch Regulatory Specialist II

www.sunbiz.org



December 16, 2013

CONSUELO RAIDI 2nd ml 3340 NE 190TH STREET #1408 AVENTURA, FL 33180

SUBJECT: LABORATORIOS PHARMAKUM LLC

Ref. Number: W13000066015

We have received your document for LABORATORIOS PHARMAKUM LLC and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date of the conversion cannot be prior to the date of filing nor more than 90 days after the date of filing and must be the same as the effective date listed in the Florida Articles of Organization, if any.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 713A00027502

Tim Burch Regulatory Specialist II

www.sunbiz.org

District of Commentions D.O. DOV (2007 M-11-1 ---- The day 2001)

Certificate of Conversion

For

"Other Business Entity"

Into

Florida Limited Liability Company

This Certificate of Conversion and attached Articles of Organization are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with s.608.439, Florida Statutes.

3.000,432, 1	norica Statutes.		
1 The name	of the "Other Business Entity" immediately prior to the filing of this Certific	ate of	
Conversion	is.	ate or	
Laboratorio	os Pharmakum Corp P13 0000 92 798		•
	os Pharmakum Corp P13 0000 72 798 (Enter Name of Other Business Entity)	s -	
;	ļ.	<u>ند</u> (ع	Riceros
2. The "Oth	er Business Entity" is a Corporation	ORE T	1.
	(Enter entity type. Example: corporation, limited partnership, September general partnership, common law or business trust, etc.)	-2 [AR]	# CONCESS
	general partnership, common law or business trust, etc.)	₹ 10	j
~	i C C C C C C C C C C C C C C C C C C C	유 꽃	
first organiz	red, formed or incorporated under the laws of Florida	ST co	
,	ed, formed or incorporated under the laws of Florida (Enter state, or if a non-U.S. entity, the name of the country)	8: L	
on //-	14-7017	•	
0n <u>//</u>	hter date "Other Business Entity" was first organized, formed or incorpo	rated)	
(2	l street business Entity was in storganized, for med of incorpo-	· utcu)	
3. If the juri	isdiction of the "Other Business Entity" was changed, the state or country under	er the lav	vs of
	pw organized, formed or incorporated:		
<u>N/A</u>			
4 Th	CALEBIA II Timber I Timber I Timber I Timber I I I I I I I I I I I I I I I I I I I		
Organizatio	of the Florida Limited Liability Company as set forth in the attached Article	S 01	
Organizacio	un: 		
Laborato	rios Pharmakum LLC		
	(Enter Name of Florida Limited Liability Company)		
	ective on the date of filing, enter the effective date:		
•	ve date: 1) cannot be prior to nor more than 90 days after the date this do		
	Florida Department of State; AND 2) must be the same as the effective da	te listed	in the
attached Ar	ticles of Organization, if an effective date is listed therein.)		
6 The conve	denian is namified by the applicable layers assuming the other bysiness artific	مسطيلة م	
	ersion is permitted by the applicable law(s) governing the other business entity complies with such law(s) and the requirements of s.608.439, F.S., in effecting		arcion
COUVEISION	omplies with such law(s) and the requirements of 5.008.433, r.s., in effecting	me com	CISIOII,
7. The "Othe	Business Entity" currently exists on the official records of the jurisdiction up	ider whi	ch it is
	ganized, formed or incorporated.		

Signed this 26 day of November	20 <u>13</u>	
Signature of Member or Authorized Reg Individual signing affirms that the facts st constitutes a third degree felony as provid	ated in this document are true. Any false i	ny: nformation
Signature of Member or Authorized Representation Name: Consuelo Raidi	sentative: Goosopo Paroi	
Signature(s) on behalf of Other Business E this document are true. Any false informa s.817.155, F.S. [See below for required sign	Entity: Individual(s) signing affirm(s) that tion constitutes a third degree felony as pr	the facts stated in
Signature: CONSUMO PAIDI		
Signature: CONSUMO LAIDI Printed Name: Consuelo Raidi	Title: President	
Signature:Printed Name:	Title:	
	•	
Signature:Printed Name:	Title:	ALL SEC
Signature:Printed Name:		AHAT AHAT
Printed Name:	Title:	
Signature:Printed Name:	Title	AM 8: LI OF STATE E. FLORIDA
		B: LI STATE LORID
Signature:Printed Name:	Title:	
If Florida Corporation: Signature of Chairman, Vice Chairman, Dire If Directors or Officers have not been selecte If Florida General Partnership or Limited	d, an Incorporator must sign.	
Signature of one General Partner. If Florida Limited Partnership or Limited Signatures of ALL General Partners.	Liability Limited Partnership:	
All others: Signature of an authorized person.		
Fees:		
Certificate of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional) Page 2 of 2	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:	
Laboratorios Pharmakum LLC (Must end with the words "Limited Liability Company, the abbr	reviation "L.L.C.," or the designation "LLC.")
ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
3340 NE 190th Street	3340 NE 190th Street
#1408	#1408
Aventura, FL 33180	Aventura, FL 33180
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.) The name and the Florida street address of the re Consuelo Raidi 3340 NE 190th Str	egistered agent are: Name Peet #1408
Florida street address	(P.O. Box NOT acceptable)
Aventura	FL 33180
City,	State, and Zip
company at the place designated in this certificate agree to act in this capacity. I further agree to act proper and complete performance of my duties, a position as registered agent as provided for in Cl	ecept service of process for the above stated limited liability to the element as registered agent and comply with the provisions of all statutes relating to the and I am familiar with and accept the obligations of my hapter 608, F.S Solve (MD) Agent's Signature (REQUIRED)

Page 1 of 2

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing	Name and Address: Member	
MGRM	Consuelo Raidi	
(A) (1.404 - 6.004)		
MGr	Enma Rahn de Suarez	
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	ALC C	<u>သ</u> ယ
	AR	
	SAP I	No.
	——————————————————————————————————————	3 m
(Use attachment if nec	*·-	
ARTICLE V: Effective dat	, if other than the date of filing: (OPTIONAL)	_
the Florida Department of	ot be prior to nor more than 90 days after the date this documen State; <u>AND</u> 2) must be the same as the effective date listed in the an effective date listed therein.)	it is filed by he attached
<u>REQUIRED</u> SIGNATURI	:	
	Consulto (MD)	
Signature of a	nember or an authorized representative of a member.	
the penalties of periury the	608.408(3). Florida Statutes, the execution of this document constitutes an affir the facts stated herein are true. I am aware that any false information submitted to of State constitutes a third degree felony as provided for in s.817.155, F.S.)	rmation under d in a
Consuelo	Raidi	
	Typed or printed name of signee	