

L 14000160754

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



PICK-UP



WAIT



MAIL

(Business Entity Name)

P13-371916

(Document Number)

Certified Copies _____ Certificates of Status _____

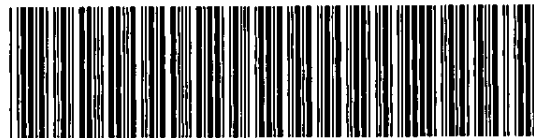
Special Instructions to Filing Officer:

OCT 15 2014

A. LUNT

W14-62290

Office Use Only



100264872221

10/15/14--01012--003 **11.25

10/10/14--01030--013 **125.00

10/10/14--01030--014 **35.00

10/10/14--01030--015 **8.75

2014 OCT 10 PM 2:10
SUFFICIENCY OF FILING

2014 OCT 10 PM 2:10

RECEIVED
OFFICE OF STATE
REGISTRATION

2014 OCT 10 AM 9:05
CALL FOR DOCUMENTS

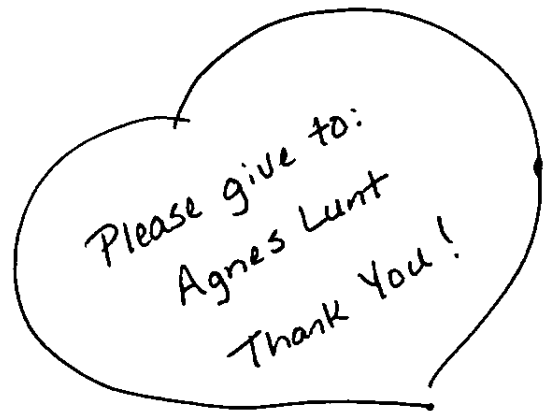
2014 OCT 10 AM 9:05

FILED



October 14, 2014

Secretary of State, Florida
2661 Executive Circle Center
Tallahassee FL 32301



Re: Order #: 9306791 SO
Customer Reference 1: None given
Customer Reference 2: None given

Dear Secretary of State, Florida :

Please obtain the following:

Pharocorp Inc. (FL)
Conversion
Florida

Pharocorp Inc. (FL)
Obtain Document - Misc - Certified copy
Florida

Pharocorp LLC (FL)
Formation
Florida

RE-SUBMIT
Please retain original filing
date of submission 10/10

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092 .

Thank you very much for your help.

Sincerely,

Connie R Bryan
Senior Fulfillment Specialist
Connie.Bryan@wolterskluwer.com

RECEIVED
DEPARTMENT OF
REVENUE
2014 OCT 14 PM 2:54
TO AGENCY
SUFFICIENT OF FILING



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 13, 2014

CT CORPORATION
ATTN: CONNIE BRYAN

SUBJECT: PHAROCORP LLC
Ref. Number: W14000062290

We have received your document for PHAROCORP LLC and your check(s) totaling \$168.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

There is a balance due of \$11.25.

Conversion's must be filed pursuant to the resulting entity.

We are enclosing the proper form(s) with instructions for your convenience.

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.

Agnes Lunt
Regulatory Specialist II

Letter Number: 614A00021832

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PHAROCORP LLC

(Name of Resulting Florida Limited Company)

The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.

Please return all correspondence concerning this matter to:

Bernard Blum

(Contact Person)

PHAROCORP LLC

(Firm/Company)

429 Lenox Street, Suite 5W19

(Address)

Miami, Florida 33139

(City, State and Zip Code)

bb@blumfl.net

E-mail Address: (to be used for future annual report notifications)

For further information concerning this matter, please call:

Courtney L. Scanlon

at (716) 848-1538

(Name of Contact Person)

(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$150.00 Filing Fees
(\$25 for Conversion
& \$125 for Articles
of Organization)

☐ \$155.00 Filing Fees
and Certificate of
Status

☒ \$180.00 Filing Fees
and Certified Copy

☐ \$185.00 Filing Fees,
Certified Copy, and
Certificate of Status

STREET ADDRESS:

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

MAILING ADDRESS:

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

INHS11 (02/14)

Articles of Conversion
For
"Other Business Entity"
Into
Florida Limited Liability Company

The Articles 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.605.1045, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:
PHAROCORP INC.

(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a corporation
(Enter entity type. Example: corporation, limited partnership,
general partnership, common law or business trust, etc.)

First organized, formed or incorporated under the laws of Florida
on April 24, 2013 (Enter state, or if a non-U.S. entity, the name of the country)
(date of organization, formation or incorporation)

3. The name of the Florida Limited Liability Company as set forth in the **attached Articles of Organization**:

PHAROCORP LLC

(Enter Name of Florida Limited Liability Company)

4. If not effective on the date of filing, enter the effective date: January 1, 2015
(The effective date: 1) cannot be prior to date of receipt or filed date nor more than 90 days after the date this document is filed by the Florida Department of State; **AND** 2) must be the same as the effective date listed in the attached Articles of Organization, if an effective date is listed therein.)

5. The plan of conversion has been approved in accordance with all applicable statutes.

2014 OCT 10 AM 9:05
FILED

Signed this 10th day of October 2014.

Signature of Authorized Representative of Limited Liability Company:

Signature of Authorized Representative: [Signature]
Printed Name: Bernard Blum Title: Manager

Signature(s) on behalf of Other Business Entity: [See below for required signature(s).]

Signature: [Signature]
Printed Name: Bernard Blum Title: Managing Director/President

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

If Florida Corporation:

Signature of Chairman, Vice Chairman, Director, or Officer.
If Directors or Officers have not been selected, an Incorporator must sign.

If Florida General Partnership or Limited Liability Partnership:

Signature of one General Partner.

If Florida Limited Partnership or Limited Liability Limited Partnership:

Signatures of ALL General Partners.

All others:

Signature of an authorized person.

Fees:

Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

FILED
2014 OCT 10 AM 9:05
NOTARIAL PUBLIC
STATE OF FLORIDA

FILED

2814 OCT 10 AM 9:05

CLERK OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

PHAROCORP 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:

Mailing Address:

429 Lenox Street, Suite SW19
Miami, Florida 33139

429 Lenox Street, Suite SW19
Miami, Florida 33139

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:

Bernard Blum
Name

429 Lenox Street, Suite SW19
Florida street address (P.O. Box NOT acceptable)

Miami FL 33139
City Zip

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 605, F.S..

Bernard Blum

By: 

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

FILED

22/10/2010 AM 9:05

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

Bernard Blum

429 Lenox Street, Suite 5W19

Miami, Florida 33139

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 01/01/2015 (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.)

ARTICLE VI: Other provisions, if any:

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.
(In accordance with section 605.0203 (1) (b), 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.817.135, F.S.)

Bernard Blum, Manager

Typed or printed name of signer

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)