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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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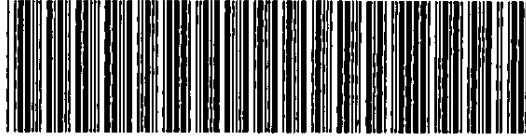
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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XS

SLOTT, BARKER & NUSSBAUM

ATTORNEYS AT LAW

A PARTNERSHIP OF PROFESSIONAL ASSOCIATIONS

334 EAST DUVAL STREET
JACKSONVILLE, FLORIDA 32202
TELEPHONE (904) 353-0033
TELECOPIER (904) 355-4148

ARNOLD H. SLOTT, P.A.*
E-mail: ahsloTT@sbnjax.com

EARL M. BARKER, JR., P.A.
E-mail: embarker@sbnjax.com

WILLIAM NUSSBAUM, P.A.**
E-mail: wnussbaum@sbnjax.com

HOLLYN J. FOSTER
E-mail: hjfoster@sbnjax.com

* CERTIFIED CIRCUIT CIVIL MEDIATOR
** BOARD CERTIFIED REAL ESTATE LAWYER

April 10, 2015

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

Re: Shannahan's Pharmaceutical Returns, Inc.

Ladies and Gentlemen:

I enclose the Cover Letter, Articles of Conversion, and Articles of Organization for Florida Limited Liability Company together with our firm check in the amount of \$150.00 for the filing fee.

If you have any questions please contact me at the address or phone number listed above.

Sincerely,



Casie Schweitzer
Assistant to Hollyn J. Foster

:cls

Enclosures
Copy to:
Raymond E. Shannahan, Jr.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Shannahan's Pharmaceutical Returns, Inc.

(Name of Resulting Florida Limited Company)

P00000105988

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:

Hollyn Foster

(Contact Person)

Slott, Barker & Nussbaum

(Firm/Company)

334 E Duval Street

(Address)

Jacksonville, FL 32202

(City, State and Zip Code)

hjfoster@sbnjax.com

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

For further information concerning this matter, please call:

Hollyn J. Foster

(Name of Contact Person)

at (904)

(Area Code)

353-0033

(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
Chifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

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

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:
Shannahan's Pharmaceutical Returns, Inc. **P00000105988**

(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a Sub Chapter S 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 November 13, 2000 (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**:
Shannahan's Pharmaceutical Returns, LLC

(Enter Name of Florida Limited Liability Company)

4. If not effective on the date of filing, enter the effective date: _____
(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.

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Signed this 9th day of April 2015

Signature of Authorized Representative of Limited Liability Company:

Signature of Authorized Representative: Raymond E. Shannahan Jr.
Printed Name Raymond E. Shannahan, Jr. Title: AMBR

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

Signature: Raymond E. Shannahan Jr.
Printed Name: Raymond E. Shannahan, Jr. Title: 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)

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Shannahan's Pharmaceutical Returns, 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:

Raymond E. Shannahan, Jr.
721 Palmer Street
Green Cove Springs, FL 32043

Mailing Address:

Raymond E. Shannahan, Jr.
721 Palmer Street
Green Cove Springs, FL 32043

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:

Hollyn J. Foster

Name

334 E. Duval Street

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

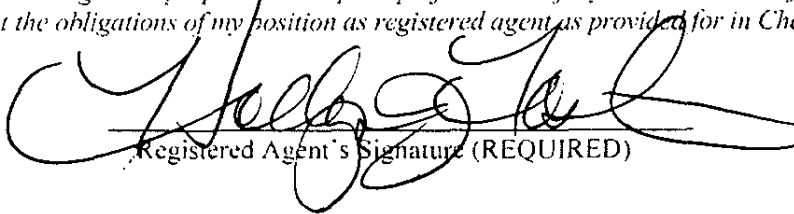
Jacksonville

FL 32202

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..


Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

Raymond E. Shannahan, Jr.

721 Palmer Street

Green Cove Springs, FL 32043

AMBR

Denise L. Hartwell

342 Manson Lane

Jacksonville, FL 32220

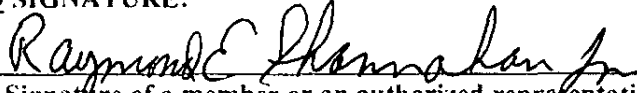
(Use attachment if necessary)

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.)

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.817.155, F.S.)

Raymond E. Shannahan, Jr.

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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TALLAHASSEE, FLORIDA

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