

L15000088879

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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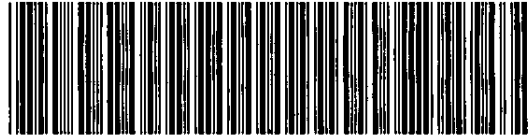
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 15 2015
D. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Bluewater Pharmacy, LLC
(Name of Limited Liability Company)

The enclosed Articles of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Robyn Rudinsky

(Name of Person)

Bluewater Pharmacy, LLC

(Firm/Company)

3265 W. McNab Road

(Address)

Pompano Beach/ FL 33069

(City/State and Zip Code)

For further information concerning this matter, please call:

Marc Poirier

(Name of Person)

at (561) 404-8885
(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee and Certificate of Dissolution

☐ \$55.00 Filing Fee, Certificate of Dissolution &
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

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TALLAHASSEE, FLORIDA

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**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is

Bluewater Pharmacy, LLC

2. The Articles of Organization were filed on 5/19/15 and assigned

document number L15000088879

3. The delayed effective date the dissolution if not effective on the date of filing: _____
(effective date cannot be prior to or more than 90 days later than date document is received for filing)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).

All members voluntarily consent to dissolution. See Exhibit A

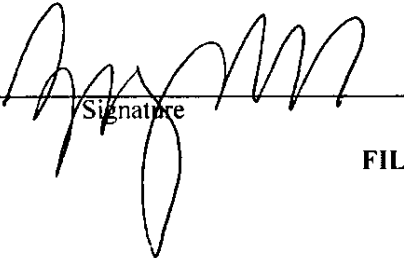
5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

Spencer Malkin

3265 W. McNab Road

Pompano Beach/ FL 33069

6. Signature of an authorized person or if there are no members, the signature of the person appointed and listed above to wind up the company's activities and affairs:


Signature

Spencer Malkin

Printed Name

FILING FEE: \$25.00

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TALLAHASSEE, FLORIDA

EXHIBIT

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A

**UNANIMOUS WRITTEN CONSENT
OF THE MEMBERS OF
BLUEWATER PHARMACY, LLC**

October 5, 2015

WHEREAS, the undersigned, being all of the members ("Members") of Bluewater Pharmacy, LLC, a Florida limited liability company (the "Company"), acting pursuant to the Florida Limited Liability Act, hereby consent to, approve, and adopt the following resolutions:

RESOLVED, that the Members hereby agree, consent, and authorize the dissolution of the Company; and

FURTHER RESOLVED, that the Members agree, consent and authorize the filing of the Articles of Dissolution (the "Dissolution") with the Florida Department of State, substantially in the form attached hereto; and

FURTHER RESOLVED, that Spencer Malkin be appointed the legal representative of the Company to wind up all the affairs of the Company; and

FUTHER RESOLVED, that any Member or authorized officer of said Company be authorized and directed, in the name and on behalf of Company, to prepare or cause to be prepared and to execute, deliver, verify, acknowledge, file or record any documents, instruments, certificates, statements, papers and any amendments thereto, as may be deemed necessary or advisable to effectuate and carry out fully the purposes and intents of the foregoing resolutions, and to take such further steps and do any and all such further acts or things as shall be necessary or desirable in respect thereof; and

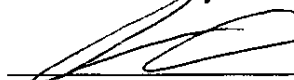
FURTHER RESOLVED, that the authority and power given hereunder be deemed relinquished and any and all acts authorized hereunder performed prior to the passage of these resolutions, be and they are hereby ratified, approved, confirmed and adopted in all respects.

This written consent may be sent or delivered by facsimile or other electronic transmission, which shall be an original, and shall be legally effective for all purposes. This instrument shall be filed with the minutes of the proceedings of the Company.

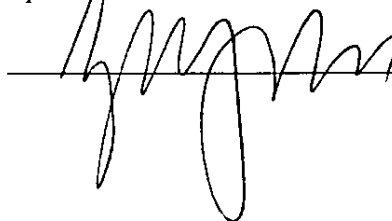
IN WITNESS WHEREOF, the undersigned have, as all of the Members of the Company, executed this Unanimous Written Consent as of the date first set forth above.

MEMBERS:

Alex Chervinsky



Spencer Malkin



SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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