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07/15/16--01001--017 **130.00



Office Use Only

W16-52685

M. MOON NOV 28 2016 **DIVISION OF CORPORATIONS - 11/23/2016**

ATTN: MATTHEW MOON - FAX: 850-245-6804

PAGES: 5 - INCLUDING THIS COVER LETTER

APPENDED IS RESUBMITTED REQUEST FOR NEW LLC: **PANACEA SCIENCES LLC, PREVIOUSLY SUBMITTED BY MAIL TWO MONTHS AGO.

WE UNDERSTAND FROM OUR PREVIOUS CONVERSATION (TWO MONTHS AGO) THAT THIS NAME WILL CLEAR.

PLEASE NOTE, AS PER ATTACHED COPY OF REJECTED FILING FOR BOTANIC LLC, THAT THE FEE OF \$130.00 WAS PAID AND PLEASE CREDIT TO NEW FILING. PREVIOUS DOCUMENT NUMBER IS W16000052685.

THANK YOU IN ADVANCE FOR YOUR PROMPT CONSIDERATION OF THIS FILING. PLEASE CALL ME WITH ANY QUESTIONS.

ERIC SALTSBERG

TEL: 516-242-8070

FAX: 386-274-5156

ERICSALTSBERG@GMAIL.COM



July 28, 2016

ERIC SALTSBERG 1008 RIDGEWOOD AVE DAYTONA BEACH, FL 32117

SUBJECT: BOTANIC LLC Ref. Number: W16000052685

We have received your document for BOTANIC LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is.

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) 245-6052.

Matthew T Moon Regulatory Specialist II

Letter Number: 616A00015911

COVER LETTER

TO:	Registration Section Division of Corporations	i.
SUBJE	CT: PANACEA SCIENCES LLC Name of Limited Liability Company	
The enc	losed Articles of Organization and fee(s) are submitted for filing.	
Please r	etum all correspondence concerning this matter to the following:	
	ERIC SALTSBERG Name of Person	-
	VIACHEM LLC	
	Firm/Company	
	P.O. Box 290625	5 °
	Address	22
	PORT ORANGE FL 32129	_ co
	City/State and Zip Code	Ġ.
	VIACHEMILCO GMAIL: COM B-mail address: (to be used for future annual report notification)	_ = 등
For furthe	er information concerning this matter, please call:	٠.
Ei	Name of Person Area Code Daytime Telephone Number	
Enclose	d is a check for the following amount:	
] \$125.00	Filing Fee \$\ \text{S130.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)}	
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	÷

*\$ 130.00 FEE ALREADY PAID, SEE ATTACHED.

ARTYCLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
PANACEA SCIENC	es LLC
(Must end with the words "Limited Lia	bility 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:
1008 RIDGEWOOD A PAYTONA BEACH FL 32114	14(50.) POBOX 290625 PORT DRANGE FL 32129
ARTICLE III - Registered Agent, Registered Office, & R	Legistered 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:

Name

1008 S. RIDGEWOOD AVE

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

DAYTONA BEACH FL 32114

City State 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 postiton as fegistered agent as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

MBR" = Authorized Member GR" = Manager	Name and Address:	
OK - Mundager		
IMBR	VIACHEM LLC	
	2 HICKS STREET	ı.
+MBR	LINDENHURST NY 11757	
<u> FMBR</u>	GREYBEARD HOLDINGS, L	$\mathcal{L}_{\mathcal{C}}$
	215 SE 8 AVE # 1680	
	FT LAUDERDALE, FL 33301	
		
se attachment if necessary)		
: Effective date, if other than the date of f	iling: (OPTIONAL)	
ve date is listed, the date must be specifi ling.)	e and cannot be more than five business days prior to or 90	days a
nt's effective date on the Department of S I: Other provisions, if any.	irace 2 fectivity.	
a. Outer provisions, it any.		
QUIRED SIGNATURE:	Les Les Land	
OUIRED SIGNATURE:	CA LAGANINO CON	<u> </u>
OUIRED SIGNATURE: Signature of a memb	er or an authorized representative of a member,	<u> </u>
Signature of a memb This document is executed if am aware that any false inficonstitutes a third degree fel	er or an authorized representative of a member. in accordance with section 605.0203 (1) (b), Florida Statutes. formation submitted in a document to the Department of State ony as provided for in s.817.155, F.S.	<u> </u>
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