# Electronic Articles of Organization For Florida Limited Liability Company

L17000099683 FILED 8:00 AM May 04, 2017 Sec. Of State jafason

### **Article I**

The name of the Limited Liability Company is: BAY AREA PHARMA DISTRIBUTION LLC

### **Article II**

The street address of the principal office of the Limited Liability Company is:

8907 REGENTS PARK DR SUITE 310 OFC. #2 TAMPA, FL. 33647

The mailing address of the Limited Liability Company is:

8907 REGENTS PARK DR SUITE 310 OFC. #2 TAMPA, FL. 33647

## **Article III**

The name and Florida street address of the registered agent is:

MAGNUS FLAWS & COMPANY CPA'S, P.A. 202 CRYSTAL GROVE BLVD LUTZ, FL. 33548

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.

Registered Agent Signature: CARLTON CUNNINGHAM

## **Article IV**

The name and address of person(s) authorized to manage LLC:

Title: MGRM KIRIT PATIDAR 8152 BRINEGAR CIRCLE TAMPA, FL. 33647

Title: MGRM ADITI PATIDAR 8152 BRINEGAR CIRCLE TAMPA, FL. 33647

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#### Article V

The effective date for this Limited Liability Company shall be:

05/04/2017

Signature of member or an authorized representative

Electronic Signature: CARLTON CUNNINGHAM

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.