

L18000001328

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

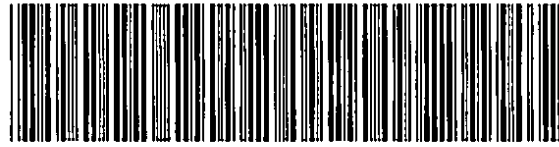
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

W17-88561

Office Use Only



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18 JAN -2 PM 2:00  
CLERK OF COURT  
ALABAMA

T. BURCH  
JAN 3 2018

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: ZenCare Pharmacy, LLC  
Name of Limited Liability Company

RECEIVED  
JAN - 2 2018

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

Please return all correspondence concerning this matter to the following:

Emma Duong

Name of Person

ZenCare Pharmacy, LLC

Firm/Company

3531 SW 177th Ave

Address

Miramar, FL 33029

City/State and Zip Code

zencarepharmacy@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Emma Duong

954

439-4563

at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:



\$125.00 Filing Fee



\$130.00 Filing Fee &  
Certificate of Status



\$155.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)



\$160.00 Filing Fee,  
Certificate of Status &  
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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ZenCare Pharmacy, LLC

(Must contain 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:

3531 SW 177th Ave  
Miramar, FL 33028

Mailing Address:

3531 SW 177th Ave  
Miramar, FL 33029

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:

Emma Duong

Name

3531 SW 177th Ave

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

Miramar

FL

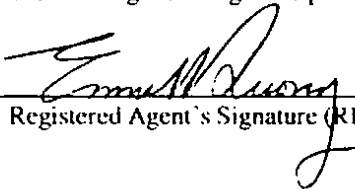
33029

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 position as registered agent as provided for in Chapter 605, F.S..



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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CLERK OF CIRCUIT COURT  
JANUARY 2, 2018  
CLERK OF CIRCUIT COURT

**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

MGR

**Name and Address:**

Emma Duong  
3531 SW 177th Ave  
Miramar, FL 33029

Huong Van  
6780 Pioneer Rd  
West Palm Beach, FL 33413

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CLERK OF COURT  
STATE OF FLORIDA  
JAN 2 2018

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: January 1, 2018. (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.)

**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.

**ARTICLE VI:** Other provisions, if any.

A check for \$150.00 was sent and cashed for a previous conversion form. The conversion was from a  
fictitious name to an LLC which was rejected. Please apply these funds to this application. The application number is  
W17000088561

**REQUIRED SIGNATURE:**



**Signature of a member or an authorized representative of a member.**

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.  
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.

Emma Duong

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)