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(Requ	uestor's Name)	
(Addi	ess)	
(Addı	ess)	
(City/	State/Zip/Phone	e #)
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2020 SEP -9 AHH: 43

COVER LETTER

	tew Filing Sec Division of Con				
CHIEF FETCY	• *	Pharma LLC			
SUBJEC'.	l:	Name of	Limited Liabil	ity Company	
The enclos	sed Articles of	Organization and fee(s) are submitted	for filing.	
Please retu	arn all correspo	ondence concerning this	s matter to the	following:	
	Michelle Ca	labrese			
			Name of	Person	
	Pardo & Me	zzina LLP			
			Firm/Co		
	1317 Paterso	on Plank Road			
			Addi	ess	
	Secaucus NJ	07094			
	bhaveshactecl	n@gmail.com	City/State ar	id Zip Code	
	1	E-mail address; (to be t	sed for future :	innual report notificati	on)
For further	information co	neerning this matter, pl	ease call:		
	Michelle Cal	abrese at	201	3307577 _)	
		ne of Person		Daytime Telephon	
Enclosed i	is a check for t	he following amount:			
≣\$125.00	O Filing Fee	□\$130.00 Filing Fe Certificate of Status	Certifi	5.00 Filing Fee & ed Copy at copy is enclosed)	U\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	New F Divisio P.O. B	ng Address illing Section on of Corporations fox 6327 assec, FL 32314		Street Address New Filing Section Di The Centre of Tallaha 2415 N. Monroe Stree Tallahassee, FL 3230.	ssee

ARTICLESO	FORGANIZATION FOR	FLORIDALIMITE	DI JABILITY COMPA	NY
ARTICLE I - Name: The name of the Limited Liabili	ity Company is:			
Benmoon Pharma L (Must con	LC tain the words "Limited	Liability Company	, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street a	address of the principal c	office of the Limited	d Liability Company i	s:
Princip	oal Office Address:		Mailing A	Address:
5602 SW 50th Aven Ocala, FL 34474	ue	/ >	2 SW 50th Avenue Ha, F1, 34474	
another business entity with an The name and the Florida street	-	d agent are: Name	ecentable)	_
	Ocala		34474	
	City	State	Zıp	_
Having been named as registered a place designated in this certificate, further agree to comply with the pram familiar with and accept the ob-	, I hereby accept the apportion of all statutes replications of my position of my position in the control of th	ointment as register elating to the prope as registered agent 	red agent and agree to r and complete perfort as provided for in Cha	act in this capacity. I mance of my duties, and I
	Registi	ered Agent's Signat	ture (REQUIRED)	

2020 SET - 9 MH 11: 43

ARTICLE IV-

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

(111177)	thorized Member	
MGR" = Man		
AMBR	U	Bhavesh Patel
AMDK	· · ·	5602 SW 50th Avenue
		Ocala, FL 34474
AMBR		Dinesh Kacha 4 Satvam Bunglows, Near Shelby Hospital
		Satellite. Ahmedabad 380015
	· · ·	
V. Effective	nt if necessary) date, if other than the ested, the date must be	date of filing: (OPTIONAL) e specific and cannot be more than five business days prior to or 9
EV: Effective ctive date is la filing.) The date insert	date, if other than the isted, the date must be	date of filing: (OPTIONAL) e specific and cannot be more than five business days prior to or 9 not meet the applicable statutory filing requirements, this date will need of State's records.
EV: Effective ctive date is I filing.) the date insertent's effective	date, if other than the sisted, the date must be ed in this block does red date on the Department ovisions, if any.	e specific and cannot be more than five business days prior to or your meet the applicable statutory filing requirements, this date will no
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CV: Effective ctive date is I filing.) the date insertment's effective CVI: Other pr	date, if other than the ested, the date must be ed in this block does redate on the Departmovisions, if any. SIGNATURE: Signature of a This document is explained as a ware that any constitutes a third definition of the state	a member or an authorized representative of a member. Secuted in accordance with section 605.0203 (1) (b), Florida Statutes false information submitted in a document to the Department of State egree felony as provided for in s.817.155, F.S.
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