# **Division of Corporations Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6331

From:

Account Name : VDT CORPORATE SERVICES

Account Number: I20180000047 : (305)878-1516 Fax Number : (786) 542-5995

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Email Address:

## FLORIDA LIMITED LIABILITY CO.

## Live Better Pharmacy LLC

| Certificate of Status | 0        |
|-----------------------|----------|
| Certified Copy        | 0        |
| Page Count            | 01       |
| Estimated Charge      | \$125.00 |



# FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

Attached are the forms and instructions to form a Florida Limited Liability Company pursuant to Chapter 605, Florida Statutes. All information included in the Articles of Organization must be in English and must be typewritten or printed legibly. If this requirement is not met, the document will be returned for correction(s). The Division of Corporations suggests using the sample articles merely as a guideline. Pursuant to s. 605.0201, Florida Statutes, additional information may be contained in the Articles of Organization.

The name of a limited liability company must be distinguishable on the records of the Florida Department of State.

A preliminary search for name availability can be made on the Internet through the Division's records at www.sunbiz.org. Preliminary name searches and name reservations are no longer available from the Division of Corporations. You are responsible for any name infringement that may result from your name selection.

NOTE: This form for filing Articles of Organization is basic. Each limited liability company is a separate entity and as such has specific goals, needs, and requirements. Additionally, the tax consequences arising from the structure of a limited liability company can be significant. The Division of Corporations recommends that all documents be reviewed by your legal counsel. The Division is a filing agency and as such does not render any legal, accounting, or tax advice. The professional advice of your legal counsel to ascertain exact compliance with all statutory requirements is strongly recommended.

Pursuant to s.605.0201, Florida Statutes, the Articles of Organization must set forth the following:

#### ARTICLE I:

The name of the limited liability company, which must contain the words "Limited Liability Company, "or the abbreviation "L.L.C.," or "LLC."

#### **ARTICLE II**

The mailing address and the street address of the principal office of the limited liability company.

#### ARTICLE III:

The name and Florida street address of the limited liability company's registered agent. The registered agent must sign and state that he/she is familiar with and accepts the obligations of the position. P.O. Boxes are not acceptable.

ARTICLE IV: The name and address of each person authorized to manage and control the Limited Liability Company. Although this information is optional at this time, most financial institutions require this information to be recorded with the Florida Department of State in order to open an account. The Department of Financial Services also requires this information to issue Workers' Compensation.

Use "AMBR" for members who are authorized to manage and control the company. Use "MGR" for managers of manager- managed LLCs.

ARTICLE V: If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 calendar days after the date of filing.

## What is an effective date?

You may list an effective date if you would like the limited liability company's existence to become effective on a date other than the date it is filed by this office., The effective date can be up to 5 business days prior to the date of receipt or up to 90 days after the date of receipt.

The entity's first annual report form will be due January 1st of the calendar year following the year of formation. If a limited liability company is created late in the calendar year and it doesn't expect to commence business until on or after January 1st of the upcoming year, it should add an effective date of January 1 for the coming year.

If the effective date is in the next calendar year, it will delay the requirement to file an annual report until the following calendar year. Example: A limited liability company is formed December 1, 2007. If it added an effective date of January 1, 2008, the first annual report would not be due until January 1, 2009. If a 2008 effective was not listed, the first annual report would be due January 1, 2008.

#### Signature:

Articles of Organization must be executed by an authorized person, and the execution of the document constitutes an affirmation under the penalties of perjury that the facts stated therein are true.

#### 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)

A letter of acknowledgment will be issued free of charge upon registration. Please submit one check made payable to the Florida Department of State for the total amount of the filing fees and any optional certificate or copy.

A cover letter containing your name, address and daytime telephone number should be submitted along with the articles of organization and the check. The mailing address and courier address are:

Mailing AddressStreet/Courier AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle(850) 245-6052Tallahassee, FL 32301(850) 245-6052

Any further inquiries concerning this matter should be directed to the New Filing Section by calling (850) 245-6052.

### Important Information About the Requirement to File an Annual Report

All Florida Limited Liability Companies must file an Annual Report yearly to maintain "active" status. The first report is due in the year following formation. The report must be filed electronically online between January 1<sup>st</sup> and May 1<sup>st</sup>. The fee for the annual report is \$138.75. After May 1<sup>st</sup> a \$400 late fee is added to the annual report filing fee. "Annual Report Reminder Notices" are sent to the e-mail address you provide us when you submit this document for filing. To file any time after January 1<sup>st</sup>, go to our website at <a href="https://www.sunbiz.org">www.sunbiz.org</a>. There is no provision to waive the late fee. Be sure to file before May 1<sup>st</sup>.

## **COVER LETTER**

|                | ew Filing Section<br>vision of Corporations   |                  |   |  |
|----------------|---|------------------|---|--|
| SUBJECT        | LIVE BETTER PHARMACY LL   | С                |   |  |
| SUBJECT        |   | Limited Liabili  | ty Company  |  |
| The enclose    | ed Articles of Organization and fee(s)  | ) are submitted  | for filing.   |  |
| Please retu    | n all correspondence concerning this  | matter to the fo | ollowing:   |  |
|                | MIGUEL A. VALDES  |                  |   |  |
|                |   | Name of          | Person  |  |
|                | VDT CORPORATE SERVICES LI   | LC               |   |  |
|                |   | Firm/Co          | mpany   |  |
|                | 150 SE 2ND AVE SUITE 905  |                  |   |  |
|                |   | Addre            | rss   |  |
|                | MIAMI, FL 33131   |                  |   |  |
|                |   | City/State and   | Zip Code  |  |
| :              | MANAGEMENT@SAINTJOSEPHO<br>E-mail address: (to be u   |                  | nmal report notificati  | on)  |
| For further is | iformation concerning this matter, ple  |                  | Teport nouncum  | ···,   |
| TOT ILLUICE II |   |                  | 403 004E  |  |
|                |   | 305              | 503-9867<br>)   | <del></del>  |
|                | Name of Person  | Area Code        | Daytime Telephone   | e Number   |
| Enclosed is    | a check for the following amount:   |                  |   |  |
| \$125.00 Fi    | ling Fee \$130.00 Filing Fee & Certificate of Status  | Certific         | 0 Filing Fee & sed Copy al copy is enclosed)  | \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|                | Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | 1                | Street Address New Filing Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 3230 | r Circle   |

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| LIVE BETTER PHARMACY LLC  |  |             |                     |
|---|--|-------------|---------------------|
| · · · · · · · · · · · · · · · · · · ·   | mited Liability Company, "L.L.C.," or "LLC.")  |             |                     |
| ARTICLE II - Address:<br>The mailing address and street address of the princ  | cipal office of the Limited Liability Company is:  |             |                     |
| Principal Office Addres   | s: Mailing Address:  |             |                     |
| 4421 Park Blvd N.   | 4421 Park Blvd N.  |             |                     |
| Pinellas Park, FL 33781   | Pinellas Park, FL 33781  | <del></del> |                     |
|   |  |             |                     |
| (The Limited Liability Company cannot serve as it   | ts own Registered Agent. You must designate an individual or   | <br>        | 2621                |
| (The Limited Liability Company cannot serve as it another business entity with an active Florida region   | ts own Registered Agent. You must designate an individual or istration.)   |             | AGN 13id            |
| (The Limited Liability Company cannot serve as it another business entity with an active Florida region.)  The name and the Florida street address of the region. | ts own Registered Agent. You must designate an individual or istration.)   |             | PICE AGN 1.did      |
| (The Limited Liability Company cannot serve as it another business entity with an active Florida region.)  The name and the Florida street address of the region. | ts own Registered Agent. You must designate an individual or istration.)   |             | <br>                |
| another business entity with an active Florida regi The name and the Florida street address of the reg  VDT CORPO   | ts own Registered Agent. You must designate an individual or istration.)  ristered agent are:  RATE SERVICES LLC |             | 2971 NOV 10 - 80 II |

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..

City

MIAMI

Miguel A. Valdes

Registered Agent's Signature (REQUIRED)

(CONTINUED)

| R SANTANA   |
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| ırk Blvd N.,  |
| Park, FL 33781  |
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\$ 5.00 Certificate of Status (Optional)