

# L22000506857

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

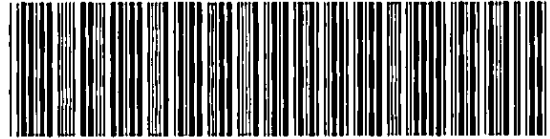
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



300393329183

S. CHATHAM  
DEC - 6 2022

FILED  
CLERK OF SUPERIOR COURT  
JAN 11 2023  
CHATHAM COUNTY, MA

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-5437  
(850) 524-624

Please use funds from this account: I20210000160 Amount: \$ 130.00

Authorization Signature: James F. Williams  
MD PHARMACY LLC

Business

Document #

☐ Walk in  
☐ Pick up time

☐ Mail out ☐ Will wait

☐ Photocopy

☐ Certified Copy of Articles of Incorporation

☒ Certificate of Status

**NEW FILINGS**

☐ Profit  
☐ Not for Profit  
☐ Limited Liability  
☐ Domestication  
☐ LLLP  
☐ CORP

**AMMENDMENTS**

☐ Amendment  
☐ Resignation of R.A. Officer/Director  
☐ Change of Registered Agent  
☐ Dissolution/  
☐ Merger  
☐ Conversion  
☐ AFFIDAVID BY FOREIGN CORP.

**OTHER FILINGS**

☐ Annual Report  
☐ Fictitious Name

APOSTIL  
Country

**REGISTRATION/QUALIFICATIONS**

☐ Foreign filing  
☐ Statement of AUTHORITY  
☐ Reinstatement

☐ Other

EXAMINER'S INITIALS: \_\_\_\_\_



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 2, 2022

FLORIDA CAPITAL COURIER SERVICES, INC.

SUBJECT: MD PHARAMCY L.L.C.  
Ref. Number: W22000146375

We have received your document for MD PHARAMCY L.L.C.. However, the document has not been filed and is being returned for the following:

Please accept our apology for failing to mention this in our previous letter.

The person's authorized to manage the company must have a title.

If you have any further questions concerning your document, please call (850) 245-6052.

Summer Chatham  
Regulatory Specialist II  
New Filing Section

Letter Number: 122A00026720

RECEIVED

2022 DEC -5 PM 3:47

ALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

MD PHARMACY L.L.C

(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:

Mailing Address:

1367 N. MILITARY TRL  
WEST PALM BEACH, FL  
33409

1367 N. MILITARY TRL  
WEST PALM BEACH, FL  
33409

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:

MAZIN ELAMIN

Name

500 EXECUTIVE CENTER DR

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

<u>WEST PALM BEACH</u>	<u>FLORIDA</u>	<u>33401</u>
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)

RECEIVED  
DIVISION OF CORP. REG.  
JAN 11 2011

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

MGR

MAZIN ELAMIN

1367 N. MILITARY TRI.  
WEST PALM BEACH, FL. 33409

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FILED  
CLERK  
DEPT. OF STATE  
TALLAHASSEE, FLORIDA

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_. (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.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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.

MAZIN ELAMIN

Typed or printed name of signer

**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)