# L230002124923547919

## Florida Department of State

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.

(((H23000255059 3)))



H230002550593ABC+

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)617-6381

From:

Account Name : SHUMAKER, LOOP & KENDRICK LLP

Account Number : 075500004387 Phone : (813)229-7600 Fax Number : (813)229-1660

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

Email Address: rchristaldi@shumaker.com

RECEIVED RAJULZI PM 2:03

## FLORIDA LIMITED LIABILITY CO. CALLAN PHARMA LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

LATE AND COLUMN TO THE PARTY OF THE PARTY OF

Electronic Filing Menu

Corporate Filing Menu

Help

#### ARTICLES OF ORGANIZATION

**OF** 

#### CALLAN PHARMA LLC

#### ARTICLE I - Name:

The name of the Limited Liability Company is CALLAN PHARMA LLC.

#### ARTICLE II - Address:

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

3814 Spectrum Boulevard Suite 104 Tampa, FL 33612

#### ARTICLE III - Registered Agent and Office

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

Ronald A. Christaldi, Esq. 101 E. Kennedy Boulevard Suite 2800 Tampa, Florida 33602

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

Signature of Registered Agent

1

H23000255059 3

### ARTICLE IV - Management

The Limited Liability Company is to be manager-managed by one or more managers as elected and provided for in the Operating Agreement of the Limited Liability Company. The name, title and address of the person authorized to manage and control the Limited Liability Company are:

Title	Name and Address
MGR	Kevin Sill 3814 Spectrum Blvd, Suite 104 Tampa 33612
MGR	Brad Sullivan 3814 Spectrum Blvd, Suite 104 Tampa 33612

IN WITNESS WHEREOF, I have signed these Articles of Organization as an authorized representative of a member and acknowledged them to be my act this 20 day of July 2023.

Signature of a member or an authorized representative of a member

(In accordance with section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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 section \$17.155. Florida Statutes)

Kevin Sill
Typed or printed name of signee