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(F	Requestor's Name)
(A	Address)
(<i>f</i>	Address
(0	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(E	Business Entity Name)
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Account#: I20000000088

Date:	10/16/2023	
Name:	Jennifer	
	#: 2151342	
	ne:PHAR	MA MIAMI, LLC
	cles of Incorporation/Authorizat	
☐ Am	endment	
☐ Cha	ange of Agent	
☐ Rei	nstatement	
☐ Cor	nversion	
☐ Mer	rger	
☐ Disa	solution/Withdrawal	
☐ Fict	itious Name	
✓ Oth	erUpon filing	please provide a certified copy
Authorized	d Amount:155.00	
Signature:	\mathcal{L}	

F: +852.2682.9790

ARTICLES OF ORGANIZATION OF PHARMA MIAMI, LLC

ARTICLE I: - Name

The name of the Limited Liability Company is **Pharma Miami, LLC**.

ARTICLE II: - Address

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

18300 SW 137th Avenue Miami, FL 33177

ARTICLE III: - Registered Agent, Registered Office, & Registered Agent's Signature

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

Cogency Global Inc. 115 North Calhoun Street, Suite 4 Tallahassee, Florida 32301

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.

Cogency Global Inc., as Registered Agent

	· ~ ~
Name: Jennifer Bialowas	
Title: Assistant Secretary	_ 3
ARTICLE IV: - Management	C.I
The name and address of each person authorized to manage and control the li-	mited liability company i
follows:	

<u>Title:</u> Name and Address:

MGR

Sunshine Retail Investments, LLC

8928 Prominence Parkway, #200

Jacksonville, FL 32256

IN WITNES	S WHEREOF.	the	undersigned	has	executed	these	Articles	of O	rganization	or
October 16, 2023.										

/s/ Andrea F. Fisher
Andrea F. Fisher, 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 arc 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 817.155, Florida Statutes.)

Andrea F. Fisher
Typed or printed name of signee

