

L24000154999

Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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(((H24000123286 3)))



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To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : FILE RIGHT LLC
Account Number : I20170000091
Phone : (718)878-5811
Fax Number : (718)732-4580

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. SPECIALTY RX SOUTH FL LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

RECEIVED

2024 APR -4 AM 10:20

DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

SECRETARY OF STATE
ALLIANCE FLORIDA
2024 APR -4 AM 9:00
FILED

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COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: SPECIALTY RX SOUTH FL LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:

Name of Person

FILE RIGHT LLC

Firm/Company

1425 37TH STREET, SUITE 201

Address

BROOKLYN, NY 11218

City/State and Zip Code

sales@filecorp.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sara _____ at (_____) _____
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address
 New Filing Section
 Division of Corporations
 P.O. Box 6327
 Tallahassee, FL 32314

Street Address
 New Filing Section
 Division of Corporations
 Clifton Building
 2661 Executive Center Circle
 Tallahassee, FL 32301

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SPECIALTY RX SOUTH FL LLC

(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:

15461 SW 12TH ST, STE 108
SUNRISE, FL 33326

2 BERGEN TURNPIKE
RIDGEFIELD PARK, NJ 07660

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:

JOEL ZUPNICK
Name

15461 SW 12TH ST, STE 108
Florida street address (P.O. Box **NOT** acceptable)

SUNRISE FL 33326
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.

/s/ Joel Zupnick
Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
2024 APR -4 AM 9:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

