

From: Sam Patel

Fax: +1 (407) 298-6632 \* 105

To:

Fax: +1 (850) 617-6383

Page 1 of 2 2/2/2012 6:47

Division of Corporations

<https://file.sunbiz.org/scripts/efilcovr.exe>

M12000000780

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.

((H12000034166 3)))



H120000341663ABCX

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) 617-6383

From:

Account Name : A.A.ALI, CPA

Account Number : I20000000192

Phone : (407) 298-3900

Fax Number : (407) 298-0660

FILED  
2012 FEB -9 AM 8:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

Email Address: \_\_\_\_\_

Foreign Limited Liability Company

A.L.R. MEDICATION MGMT & CONSULTANCY LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

RECEIVED

12 FEB -9 AM 10:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

W12-7667

J. BRYAN

FEB 10 2012

EXAMINER

From: Sam Patel

Fax: +1 (407) 268-6552 \* 105

To:

Fax: +1 (850) 617-6383

Page 1 of 8 2/9/2012 6:47

# FAX

Date: 2/9/2012

Pages including cover sheet:

8

<b>To:</b>	
<b>Phone</b>	
<b>Fax Number</b>	+1 (850) 617-6383

<b>From:</b>	Sam Patel
	Microsoft
<b>Phone</b>	+1 (407) 268-6552 * 105
<b>Fax Number</b>	+1 (407) 268-6552 * 105

**NOTE:**



February 8, 2012

A.A.ALI, CPA

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

SUBJECT: A.L.R. MEDICATION MGMT & CONSULTANCY, LLC  
REF: W12000007667

FILED  
2012 FEB -9 AM 8:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The electronic filing cover sheet submitted with your document reflects the incorrect type of document. The cover sheet must reflect the type of document you are filing. Please generate a new fax audit cover sheet under the appropriate document type. When resubmitting your document for filing, please also send a copy of the incorrect cover sheet marked "ABANDONED".

If you have any further questions concerning your document, please call (850) 245-6949.

Thomas Chang  
Regulatory Specialist II  
New Filing Section

FAX Aud. #: H12000032239  
Letter Number: 312A00005483

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO  
TRANSACTION BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN  
LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:*

1. **A.L.R. MEDICATION MGMT & CONSULTANCY, LLC**

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.")

2. **NEVADA**

(Jurisdiction under the law of which foreign limited liability company is organized)

3. \_\_\_\_\_

(FEI number, if applicable)

4. **1/11/12**

(Date of Organization)

5. **PERPETUAL**

(Duration; Year limited liability company will cease to exist or "perpetual")

6. \_\_\_\_\_

(Date first transacted business in Florida, if prior to registration.)  
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

7. **2212 S. CHICKASAW TRAIL #146, ORLANDO, FL 32825**

(Street Address of Principal Office)

8. If limited liability company is a manager-managed company, check here ☐

9. The name and usual business addresses of the managing members or managers are as follows:

**SUSAN BALKARAN**

**2212 S. CHICKASAW TRAIL #246**

**ORLANDO, FL 32825**

10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: **CONSULTANCY**

*Susan Balkaran*

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), F.S., 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 s.817.155, F.S.)

**SUSAN BALKARAN**

Typed or printed name of signee

**FILED**  
2012 FEB -9 AM 8:08  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

A.L.R. MEDICATION MGT & CONSULTANCY LLC

If unavailable, the alternate to be used in the state of Florida is:

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

SUSAN BALKARAN

(Name)

2212 S. CHICKASAW TRAIL #146

Florida Street Address (P.O. Box **NOT** ACCEPTABLE)

ORLANDO

FL 32825

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 608, Florida Statutes.*

Susan Balkaran

(Signature)

\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

**FILED**  
2012 FEB -9 AM 8:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# SECRETARY OF STATE



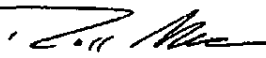
FILED  
2012 FEB -9 AM 8:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## LIMITED LIABILITY COMPANY CHARTER

I, ROSS MILLER, the Nevada Secretary of State, do hereby certify that **A.L.R. MEDICATION MGMT & CONSULTANCY, LLC**, did on January 11, 2012, file in this office the Articles of Organization for a Limited Liability Company, that said Articles of Organization are now on file and of record in the office of the Nevada Secretary of State, and further, that said Articles contain all the provisions required by the laws governing Limited Liability Companies in the State of Nevada.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on January 11, 2012.

  
ROSS MILLER  
Secretary of State

Certified By: Electronic Filing  
Certificate Number: C20120111-2236  
You may verify this certificate  
online at <http://www.nvsos.gov/>