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OCT 1 5 2014 D. BRUCE

# Nowell, Bayer & Maguire Flagler Law Attorneys

Website: www.flaglerlaw.com

Reply to: Flagler Beach 109 South 6th Street, Suite 200 Flagler Beach, FL 32136 Tel: 386-439-2332 Fax: 386-439-6522

Sidney M. Nowell, P.A. Dennis K. Bayer, Esq. Matthew C. Maguire, Esq.

October 15, 2014

Via facsimile transmission only To (850) 245-6030)

Ms. Deborah Bruce Florida Division of Corporations

Re: Beutlich Pharmaceuticals, LLC

Dear Ms. Bruce:

Pursuant to the enclosed rejection notice, attached is a *revised* (as to paragraph 7) Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida.

df you require additional information or documentation, please contact us.

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Sincerely,

Susan Kates Paralegal



October 8, 2014

ERLENE THOMAS 1541 SOUTH SHIELDS DR. WAUKEGAN, IL 60085

SUBJECT: BEUTLICH PHARMACEUTICALS LLC

Ref. Number: W14000061457

We have received your document for BEUTLICH PHARMACEUTICALS LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to s.605.0902(1)(e), Florida Statutes, the document must contain the name, title or capacity and address of at least one person who has the authority to manage the foreign limited liability company.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce Regulatory Specialist II

Letter Number: 914A00021551

#### **COVER LETTER**

TO:

TO:	Registration Section Division of Corporations		
SUBJEC	Beutlich Pharmaceuticals, LLC		
30130	Name of Limited Liability Company	-	
	losed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," see, and check are submitted to register the above referenced foreign limited liability company to transact business.		
Please re	eturn all correspondence concerning this matter to the following:		
	Erlene Thomas Name of Person		
	Beutlich Pharmaceeticals, LLC  Firm/Company  1541 South Shields Dr.  Address  Waukegan IL. 60085  City/State and Zip Code  ethomas @ beutlich. (om	2014 OCT 14 AM 11: 16	
	ethomas @ beutlich (om	_	
T	E-mail address: (to be used for future annual report notification)		
ror furth	Dennis K. Bayer, Esq.  Name of Contact Person  at ( Area Code )  Daytime Telephone Number		
	MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle Tallahassee, FL 32301		
	ed is a check for the following amount:  \$\forall \text{\$125.00 Filing Fee \text{\$\sigma}\$ \$125.00 Filing Fee \text{\$\sigma}\$ \$160.00 Filing Fee, C  Certificate of Status Certified Copy of Status \$\center{\center{\center{\center{\center{\center{\center{\center{\center{\center{\center{\center{\center{\center{\center{\center{\center{\center{\center{\center{\center{\center{\center{\center{\center{\center{\center{\center{\center{\center{\center{\center{\center{\center{\center{\center{\center{\center{\center{\center{\center{\center{\center{\center{\center{\center{\center{\center{\center{\center{\center{\center{\center{\center{\center{\center{\center{\center{\center{\center{\center{\center{\center{\center{\center{\center{\center{\center{\center{\center{\center{\center{\center{\center{\center{\center{\center{\center{\center{\center{\center{\center{\center{\center{\center{\center{\center{\center{\center{\center{\center{\center{\center{\center{\center{\center{\center{\center{\center{\center{\center{\center{\center{\center{\center{\center{\center{\center{\center{\center{\center{\center{\center{\center{\center{\center{\center{\center{\center{\center{\center{\center{\center{\center{\center{\center{\center{\center{\center{\center{\center{\center{\center{\center{\center{\center{\center{\center{\center{\center{\center{\center{\center{\center{\center{\center{\center{\center{\center{\center{\center{\center{\center{\center{\center{\center{\center{\center{\center{\center{\center{\center{\center{\center{\center{\center{\center{\center{\center{\center{\center{\center{\center{\center{\center{\center{\center{\center{\center{\center{\center{\center{\center{\center{\center{\center{\center{\center{\center{\center{\center{\center{\center{\center{\center{\center{\center{\center{\center{\center{\center{\center{\center{\center{\center{\center{\center{\center{\center{\center{\center{\center{\center{\center{\center{\center{\center{\center{\center{\center{\center{\center{\center{\center{\center{\center{\center{\center{\center{\center{\ce		ite

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

). <u>B</u>	(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C." or "LLC	")		
	ic unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name may Company," "L.L.C." or "LLC.")	ısı includ	c "Litni	texi
2.	### ### ##############################			
σάπ	npany is organized)			
4	(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	<u> </u>		
5	228 Willow Oak Way	<u> </u>	25	
	Palm Coast F2 32137 (Street Address of Principal Office)		)14 OC	-
			=	-
b. <u></u>	Same	<u> </u>	P	7''
	(Mailing Address)	100 S	<del></del>	Case of Case o
7. T	he name, title or capacity and address of the person(s) who has/have authority to manage	is/are:	စာ	
	Jack Beutlick and Erlene Thomas-MG1			
	228 Willow Oak Way			
	Palm Coast Fz 32137			
navin; accept	ached is an original certificate of existence, no more than 90 days old, duly authenticate g custody of records in the jurisdiction under the law of which it is organized. (A photoctable. If the certificate is in a foreign language, a translation of the certificate under oath be submitted)	opy is	not	
iids: (	x liles A Komas			
	Signature of an authorized person dance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the ethat any fulse information submitted in a document to the Department of State constitutes a third degree felony as provided for in			arc true, l
	ERLENE H. Thomas			

Typed or printed name of signce

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), 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:
Beutlich Pharmaceuficals, LLC
If unavailable, the alternate to be used in the state of Florida is:
Beutlich Pharmaceuticals of Floridan LLC
2. The name and the Florida street address of the registered agent and office are:  Erleve Thomas  (Name)  728 Willow Oak Way
Florida Street Address (P.O. Box NOT ACCEPTABLE)
Palm Coast FL 32137 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, Florida Statutes.

(Signature)

\$ 100.00 Filing Fee for Application\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

File Number

0374615-1



### To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

BEUTLICH PHARMACEUTICALS, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON JANUARY 01, 2012, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



Authentication #: 1425902784

Authenticate at: http://www.cyberdriveillinois.com

In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 16TH

day of

**SEPTEMBER** 

A.D.

Jesse White

SECRETARY OF STATE



#### Authentication of Good Standing

This is to verify that the Illinois Secretary of State issued the following certificate on SEPTEMBER 16, 2014 for file number 0374615-1 and the authentication number of 1425902784.

BEUTLICH PHARMACEUTICALS, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON JANUARY 01, 2012, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.

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