

MI000009071

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

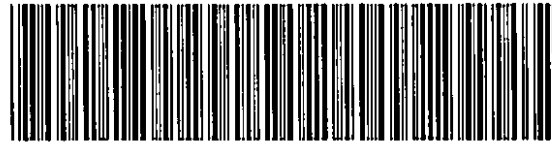
(Document Number)

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 19, 2018

MELVIN JOHNSON  
2951 PIEDMONT RD NE STE B  
ATLANTA, GA 30303

SUBJECT: VATIVORX, LLC  
Ref. Number: W18000083931

We have received your document for VATIVORX, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please type or print name of signee.

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.

Dionne M Scott  
Regulatory Specialist II

Letter Number: 618A00019551

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12:43 PM

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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: VATIVO Rx, LLC  
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

MELVIN JOHNSON

Name of Person

VATIVO-Rx, LLC

Firm/Company

2951 Piedmont Rd NE STE B

Address

ATLANTA, GA. 30303

City/State and Zip Code

MJOHNSON@PHARMA LIFE. COM

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

For further information concerning this matter, please call:

Melvin Johnson

Name of Contact Person

at 404

Area Code

680-396

Daytime Telephone Number

**MAILING ADDRESS:**

Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**

Division of Corporations  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

☐ \$160.00 Filing Fee, Certificate  
of Status & Certified Copy

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JUN 11 10 41 AM '03

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:

1. VATIVU Rx, 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. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC")

2. GEORGIA 3. 81-2036728  
(Jurisdiction under the laws of which foreign limited liability company is organized) (FEI number, if applicable)

4. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 4470 BISCAYNE BLVD 6. THE SAME  
(Street Address of Principal Office) (Mailing Address)

Suite 600  
MIAMI, FL 33137

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: VALARIE BOGACHEK  
Office Address: 18201 COLLINS AVE #3705  
SUNNY ISLES BEACH Florida 33160  
(City) (Zip code)

Registered agent's acceptance:  
I have been named as registered agent and to accept service of process for the above stated limited liability company at the place  
designated in this application. 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 relative to the proper and complete performance of my duties, and I am familiar with  
and accept the obligations of my position as registered agent.

[Signature]  
(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
<u>Managing Member</u>	<u>VALARIE BOGACHEK</u> <u>18201 COLLINS AVE</u> <u>#3705</u> <u>SUNNY ISLES BEACH, FL 33160</u>	<u>MANAGER</u>	

9. (If necessary, attachments if necessary)

Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under oath  
by the translator must be submitted)

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

[Signature]  
(Signature of an authorized person)  
Managing Member VALARIE BOGACHEK  
(Typed or printed name of signee)

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2021-11-02 14:31

# STATE OF GEORGIA

## Secretary of State

Corporations Division

313 West Tower

2 Martin Luther King, Jr. Dr.

Atlanta, Georgia 30334-1530

### CERTIFICATE OF EXISTENCE

I, **Brian P. Kemp**, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

**VativoRx, LLC**

a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 16133445  
Date Inc/Auth/Filed: 03/21/2016  
Jurisdiction : Georgia  
Print Date : 09/05/2018  
Form Number : 211



Brian P. Kemp  
Secretary of State