# M2100010087

(Requestor's Name)						
(Address)						
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(City/State/Zip/Phone #)						
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(Document Number)						
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# COVER LETTER

	Division of Corporations				
JBJEC	ARBE-M, LLC T:				
	••	Name of Limited Liability Company			
he enclo xistence	sed "Application by Foreign Lim, and check are submitted to regis	ited Liability Company for Authorization to Transact Business in Florida," Certificate of the above referenced foreign limited liability company to transact business in Florida			
ease ret	urn all correspondence concernin	g this matter to the following:			
	Darcy Rhinehart				
		Name of Person			
	ARBE-M, LLC.				
		Firm/Company			
	2535 Johns Place				
		Address			
	Jamestown, NY 14701				
		City/State and Zip Code			
	drhinehart@pharmacyinno				
		address: (to be used for future annual report notification)			
or furthe	er information concerning this ma				
Courtney Messina		716 720-5121 ext. 204  at (			
	Name of Contact	Person Area Code Daytime Telephone Number			
	Mailing Address: Registration Section	Street Address: Registration Section			
Division of Corporations P.O. Box 6327		Division of Corporations			
		The Centre of Tallahassee			
	Гallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
	closed is a check for the following amount:				
Please make check payable to: FL ■ \$125.00 Filing Fee		0.00 Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee, Certificate Certificate of Status Certified Copy of Status & Certified Copy			



July 16, 2021

DARCY RHINEHART 2535 JOHNS PL JAMESTOWN, NY 14701

SUBJECT: ARBE-M, LLC Ref. Number: W21000101605

We have received your document for ARBE-M, 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):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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.

Letter Number: 121A00016493

Tracy L Lemieux Regulatory Specialist II

www.sunbiz.org

District Control Property and The Control Prop

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

IN COMPILANCE 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:

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C." or "LLC." or "New York  (Introduction under the law of which foreign limited liability company is organized)  April 30, 2021  (Date first unardacted business in Florida, if prior to registration.) (See sections 603 0504 & 603 0505, F.S. to determine penalty liability)  2535 Johns Place  Street Address of Principal Office)  Jamestown, NY 14701  Lianne Snyder  Name:  Office Address:  Seminole  Seminole  Seminole  Seminole  To registration.)  (FEI mumber, if applicable)	ARBE-M, LLC.				
New York    Characterion under the law of which foreign lumited hability company is organized)   3.		Limited Liability Company; in	nust include "Limited Liabilit	ry Company," "L.L.C.," or "LL	C.")
New York    Characterion under the law of which foreign lumited hability company is organized)   3.		j			
New York    Characterion under the law of which foreign lumited hability company is organized)   Sections 130, 2021	name unavailable, enter alternate ra	ame adopted for the purpose of tra	ansacting business in Florida. The	e alternate name must include "Limi	ited Liability Company," "L.L.C," or "LU
Comparison of the law of which foreign limited liability company is organized   3.   (FEI mumber, if applicable)					
April 30, 2021  (Date first transacted business in Florida, it prior to registration.) (See sections 605 0904 & 605.0905, F.S. to determine penalty liability)  2535 Johns Place  6.   (Mailing Address)  Jamestown, NY 14701  Jamestown, NY 14701  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  Office Address:  Seminole  Seminole  (P.O. Box NOT acceptable)  7779 Starkey Ref.  Seminole  333777  Florida			3		
(Date first transacted business in Florida, if prior to registration.) (See sections 605 6904 & 605 0905, F.S. to determine penalty liability)  2535 Johns Place    Continue of Principal Office)   Continue of Principal Office of Pr	(Jurisdiction under the law of wh	hich foreign limited liability comp	any is organized)	(FEI	number, (1 applicable)
(Date first transacted basiness in Florida, if prior to registration.) (See sections 605 0904 & 605.0905, F.S. to determine penalty hability)  2535 Johns Place  6. (Mailing Address)  Jamestown, NY 14701  Jamestown, NY 14701  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  Office Address:  7779 Starkey Rd.  Seminole  Seminole  733777  Florida  33777  Florida	•			_	
Jamestown, NY 14701  Jamestown, NY 14701  Jamestown, NY 14701  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:    Lianne Snyder	-	(Date first transacted busine (See sections 605 0904 & 60	ss in Florida, it prior to registration 05.0905, F.S. to determine penalt	on.) y liability)	
Jamestown, NY 14701  Jamestown, NY 14701  Jamestown, NY 14701  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  Victoria Address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  7779 Starkey Rd.  Seminole  Seminole  Jamestown, NY 14701	2535 Johns Place			2535 Johns Place	
Jamestown, NY 14701  Jamestown, NY 14701  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  Office Address:  Seminole  Jamestown, NY 14701			6.	(Marling Address)	
Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:    Lianne Snyder	treet Address of Principal Office)				
Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  Office Address:  Seminole  Seminole  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  7779 Starkey Rd.  33777  Florida	Jamestown, NY 14701			Jamestown, NY 14701	
Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Lianne Snyder			<del></del>		
Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Lianne Snyder					
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Office Address:  Seminole  7779 Starkey Rd.  Seminole  7779 Starkey Rd.  33777  Florida	Name:				물까 골 다
Seminole , Florida 33777		7779 Starkey Rd.			
Seminole , Florida	Office Address:				<u> </u>
, Florida		Seminole I			<i>&gt;</i> 6
(City)			(City)	(z.p·c	,,
	· ·		accept service of proces	s for the above stated lin	nited liability company at the
the new states of process for the above stated limited Hubblet Company uni					
Having been named as registered agent and to accept service of process for the above stated timited timiting company at	o comply with the provis	ions of all statutes reta	tive to the proper and c	complete perjormance of	my unites, und I am juntana
Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated limited liability company at the designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I fur the proper and complete performance of my duties, and I am family to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am family to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am family the provision of the proper and complete performance of my duties, and I am family the provision of the proper and complete performance of my duties, and I am family the proper and complete performance of my duties, and I am family the proper and complete performance of my duties, and I am family the proper and complete performance of my duties, and I am family the proper and complete performance of my duties, and I am family the proper and complete performance of my duties, and I am family the proper and complete performance of my duties, and I am family the proper and complete performance of my duties, and I am family the proper and complete performance of my duties.	and accept the obligation	is of my position as regi	Sieren ageid.	· _ )	
Having been named as registered agent and to accept service of process for the above stated timited tidotity company at a designated in this application. I hereby accept the appointment as registered agent and agree to act in this capacity. I fur to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am family and accept the obligations of my position as registered agent.		Tian	nne juja	eU	
Having been named as registered agent and to accept service of process for the above stated timited tiability company at a			(Registered agent's signatur		

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]: Name and Address: Title or Capacity: Name and Address: Title or Capacity: Darcy Rhinehart Richard Moon □Manager **Manager** 2535 Johns Place 2535 Johns PLace Address: ☐ Member Address: **■**Member Jamestown, NY 14701 Jamestown, NY 14701 Authorized ☐ Authorized Person Person Other\_\_\_\_ □Other □ Other L Other \_\_\_\_\_ Name: \_\_\_\_\_\_ □ Manager Manager Name: \_\_\_\_\_ Address: \_\_\_\_\_ □Member □Member Address: \_\_\_\_\_ □ Authorized □ Authorized Person Person □Other\_\_\_\_\_ □Other \_\_\_\_\_ Other\_ Other\_\_\_\_\_ Name: \_\_\_\_\_ □Manager Name: \_\_\_\_\_ □Manager Address: □Member Address: \_\_\_\_\_ □Member □ Authorized □ Authorized Person Person □Other\_\_\_\_\_ □Other\_\_\_\_\_ Other\_\_ □Other ... Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 9. 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 of the translator must be submitted) 10. 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 of an authorized person Darcy Rhinehart Typed or printed name of signee

# STATE OF NEW YORK

### DEPARTMENT OF STATE

### Certificate of Status

I. ROSSANA ROSADO, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name: ARBE-M, LLC

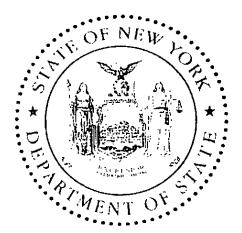
DOS ID Number: 3685053

Entity Type: DOMESTIC LIMITED LIABILITY COMPANY

Entity Status: EXISTING
Date of Initial Filing with DOS: 06/16/2008

Statement Status: CURRENT Statement Due Date: 06/30/2022

No information is available from this office regarding the financial condition, business activity or practices of this entity.



WITNESS my hand and official scal of the Department of State, at the City of Albany, on June 28, 2021 at 10:14 A.M.

ROSSANA ROSADO, Secretary of State

By Brendan C. Hughes

Brandon C Hughen

Executive Deputy Secretary of State

Authentication Number: 100000034154 To Verify the authenticity of this document you may access the Division of Corporation's Document Authentication Website at <a href="http://ecorp.dos.ny.gov">http://ecorp.dos.ny.gov</a>