M22/10009658

		<u> </u>	_
(K	equestor's Name)		
····			_
(A	ddress)		
			-
(A	ddress)		j
			1
(C	ity/State/Zip/Phone #)		Ť
PICK-UP	☐ WAIT	MAIL	
(B	usiness Entity Name)	- -	Ŧ
,–	,		l
	ocument Number)		Ļ
(0	ocument (vaniber)		
		_	
Certified Copies	Certificates of	Status	_
Special Instructions to	Filing Officer:		7
			1
			١
!			I
			1
			١
		1	
		:	_

Office Use Only



600388597696

06/06/22--01021--011 **130.00

2022 JUN - 6 PM 3: 11

S. FRANKLIN JUN 2 1 2022

Co	OVER LETTER		
P(). Desire-aire Sunting			
FO: Registration Section Division of Corporations			
Division of Corporations			
SUBJECT: Helping Hand Pharmacy, LLC			
Name o	f Limited Liability Company		
The enclosed "Application by Foreign Limited Liability Cor Existence, and check are submitted to register the above refe	mpany for Authorization to Transact Business in Florida," Certificate of terenced foreign limited liability company to transact business in Florida		
Please return all correspondence concerning this matter to the	ne following:		
Michael Garcia			
	Name of Person		
Helping Hand Pharmacy, LLC			
 	Firm/Company		
7415 Corporate Center Dr. Ste E			
	Address		
	2		
Miami, FL 33126	/State and Zip Code		
	/State and Zip Code		
mgarcia@hhrx.us	φ.		
For further information concerning this matter, please call:			
Michael Garcia	at (305) 803 8156		
Name of Contact Person	Area Code Daytime Telephone Number		
Mailing Address:	! Street_Address:		
Registration Section	Registration Section		
Division of Corporations	Division of Corporations		
P.O. Box 6327	The Centre of Tallahassee		
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810		
,	Tallahassee, FL 32303		
Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPAF ☐ \$125.00 Filing Fee	\$ 🔯 \$155.00 Filing Fee & 🖂 \$160.00 Filing Fee, Certificate		
Certificate of S	Status Certified Copy of Status & Certified Copy		

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

	, LLC				
(Name of Foreign L	imited Liability Company; must include "Limit	ed Liability Comp	pany," "L.L.C.," or "LLC.")		
71-11-		121 14 124 1.			
ame unavanable, enter alternate na	me adopted for the purpose of transacting business in	riorida. Une atternate	e name must include "Limited Liabilit	y Company," "L.L.C," or "L.L.C.")	
Texas		3. 45-4709624 (FEI number, if applicable)			
(Jurisdiction under the law of whi	ich foreign limited liability company is organized)		(FEI number, if	applicable)	
N/A					
	(Date first transacted business in Florida, if prior t (See sections 605.0904 & 605.0905, F.S. to deter	o registration.) mine penalty liability	9	_	
7415 Corporate Center Dr. Ste E		6. 7415	Corporate Center Dr. Ste	E	
			(Mailing Address)		
Miami, FL 33126		Miar	ni, FL 33126	2022	
				PH :	
Name and street address	of Florida registered agent: (P.O. Bo	x <u>NOT</u> accept	table)	. ယု …	
	'			———————————————————————————————————	
Name:	Michael P Garcia		_		
			_		
Office Address:	7415 Corporate Center Dr. Ste E		_		
		1			
	Miami.		_ , Florida <u>33126</u>		

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]: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Name: Michael P Garcia ■Manager □Manager Name: Address: 1900 Purdy Ave #1901 **■**Member □Member Address: Miami Beach Fl 33139 Authorized ☐ Authorized Person Person **■**Other Director Other President Other____ □Other Name: Alexander R Garcia ■ Manager □Manager Name: _ __ _ _ _ _ _ _ _ Address: 15802 NW 79 Court ■ Member □Member Address: ______ Miami Lakes, FL 33016 **■** Authorized ☐ Authorized Person Person **■**Other Vice President **■**Other Director Other Other_ Name: Joulianne Trullenque ■ Manager □Manager Address: 400 Alton Road #706 □Member □Member Address: Miami Beach, FL 33139 ☐ 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.

Typed or printed name of signee

Michael P. Garcia

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



John B. Scott Secretary of State

Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Helping Hand Pharmacy, LLC (file number 801560416), a Domestic Limited Liability Company (LLC), was filed in this office on March 04, 2012.

It is further certified that the entity status in Texas is in existence.

Delayed Effective date: March 05, 2012

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on May 31, 2022.



John B. Scott Secretary of State

Come visit us on the internet at https://www.sos.texas.gov/

Fax: (512) 463-5709 TID: 10264 Dial: 7-1-1 for Relay Services Document: 1152530370003