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Florida Department of State  
Division of Corporations  
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From:

Account Name : CORPORATION SERVICE COMPANY  
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**RESUBMIT**

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8-18-09

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RECEIVED DEPARTMENT OF STATE

**FOREIGN PROFIT/NONPROFIT CORPORATION**

**AMERICAN ASSOCIATED PHARMACIES INC.**

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August 19, 2009

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

CORPORATION SERVICE COMPANY

SUBJECT: AMERICAN ASSOCIATED PHARMACIES  
REF: W09000037551

**RESUBMIT**  
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submission date as file date.

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 name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

If you have any further questions concerning your document, please call (850) 245-6934.

Loria Poole  
Regulatory Specialist II  
New Filing Section

FAX Aud. #: H09000184192  
Letter Number: 409A00028184

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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1. AMERICAN ASSOCIATED PHARMACIES INC.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

AMERICAN ASSOCIATED PHARMACIES INC.

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. MN

(State or country under the law of which it is incorporated)

3. 27-0457933

(FEI number, if applicable)

4. 06/02/2009

(Date of incorporation)

5. PERPETUAL

(Duration: Year corp. will cease to exist or "perpetual")

6.

(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 211 LONNIE E. CRAWFORD BOULEVARD, SCOTTSBORO, AL 35769

(Principal office address)

(Current mailing address)

8. Provide services and products used by its independent pharmacy members and customers

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

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

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301  
(City) (Zip code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation 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.

Corporation Service Company

By: [Signature]  
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: SEE ATTACHED

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

Vice Chairman: \_\_\_\_\_

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

Director: \_\_\_\_\_

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

Director: \_\_\_\_\_

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

B. OFFICERS

President: \_\_\_\_\_

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

Vice President: \_\_\_\_\_

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

Secretary: \_\_\_\_\_

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

Treasurer: \_\_\_\_\_

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

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Paul W. Carlin  
(Signature of Director or Officer listed in number 12 of the application)

14. Paul W. Carlin, Secretary  
(Typed or printed name and capacity of person signing application)

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TALLAHASSEE FLORIDA

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Directors and Officers  
As of September 1, 2009

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**Directors:**

Bob Coulter (Chair)  
1123 Adams Avenue  
LeGrande, OR 97850

Bill McNary (2<sup>nd</sup> Vice Chair)  
8830 Roosevelt Way N.E.  
Seattle, WA 98115

Wayne Damron  
106 South Elk Avenue  
Fayetteville, TN 37334

Jim Litmer  
301 Elm Street  
Ludlow, KY 41016

Joel Standefer  
119 S. Main Street  
Pikeville, TN 37367

Evan Vickers  
91 N. Main  
Cedar City, UT 84720

Graham Pigg (1<sup>st</sup> Vice Chair)  
2622 E. Main Street  
Lincolnton, NC 28092

Henry Clinkscapes  
727 Anderson Street  
Belton, SC 29627

Gary Glisson  
117 W. Church Street  
Nashville, NC 27856

Joe Meyer  
1 S. Main Street  
Sheridan, WY 82801

Bob Tucker, Jr.  
805 E. Main Street  
Ferncy, NV 89408

Jeff Young  
1095B North Tamiami Trail  
Nokomis, FL 34275

**Corporate Officers:**

Jon Copeland (President / CEO)  
211 Lonnie E. Crawford Blvd  
Scottsboro, AL 35769

Chriss Semingson (Vice President)  
7227 N. 16<sup>th</sup> Street, Suite 160  
Phoenix, AZ 85020

Bruce Semingson (COO)  
7227 N. 16<sup>th</sup> Street, Suite 160  
Phoenix, AZ 85020

Paul Carlin (Secretary / Treasurer)  
211 Lonnie E. Crawford Blvd  
Scottsboro, AL 35769

State of Minnesota

**SECRETARY OF STATE**

**CERTIFICATE OF GOOD STANDING**

I, Mark Ritchie, Secretary of State of Minnesota, do certify that: The corporation listed below is a corporation formed under the laws of Minnesota; that the corporation was formed by the filing of Articles of Incorporation with the Office of the Secretary of State on the date listed below; that the corporation is governed by the Chapter of Minnesota Statutes listed below; and that this corporation is authorized to do business as a corporation at the time this certificate is issued.

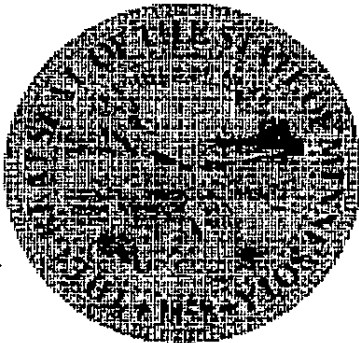
Name: American Associated Pharmacies

Date Formed: 06/02/2009

Chapter Governed By: 308A

Date Certificate Issued: 08/13/09.

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TALLAHASSEE, FLORIDA



*Mark Ritchie*  
Secretary of State.