M03000002622

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
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Total Drug Care, L.L.C.

2536 Countryside Blvd., 6th Floor,
Clearwater FL 33763

August 1, 2003

Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

Re: Certificate of Authority for Total Drug Care, L.L.C.

Dear Sir or Madam:

Enclosed please find an original certificate of existence, application by the above limited liability company to transact business in Florida and a certificate of designation of registered agent/registered office. Also enclosed is a check in the amount of $155.00, such sum representing the filing fee for the enclosed application ($100.00), designation of registered agent ($25.00) and certified copy of certificate of authority ($30.00).

Thank you for your anticipated cooperation.

Sincerely,

Robert H. Shatanoff

enc.

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. TOTAL DRUG CARE, LLC
(Name of foreign limited liability company)

2. DELAWARE
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 20-0073919.
(FEI number, if applicable)

4. 07-14-03.
(Date of Organization)

5. PERPETUAL
(Duration: Year limited liability company will cease to exist or "perpetual")

6. 08-8-03
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.)

7. 2536 COUNTRYSIDE BLVD. 6TH FLOOR
CLEARWATER FL 33763
(Street address of principal office)

8. If limited liability company is a manager-managed company, check here ☐

9. The name and usual business addresses of the managing members or managers are as follows:

ROBERT H-SHATANOFF,
2536 COUNTRYSIDE BLVD. 6TH FLOOR
CLEARWATER FL 33763

10. Attached is an original 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. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida:

INSURANCE SALES.

Robert Shatanoff
Signature of a member or an authorized representative of a member.
(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

ROBERT H. SHATANOFF.
Typed or printed name of signee

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DIVISION OF CORPORATIONS

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, 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:

TOTAL DRUG CARE LLC.

2. The name and the Florida street address of the registered agent and office are:

ROBERT H. SHATANOFF
(Name)

2536 COUNTRYSIDE BLVD. 6TH. FLR.
Florida street address (P.O. Box **NOT** ACCEPTABLE)

CLEARWATER FL 33763.
(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 608, F.S.

Robert Shatanoff
(Signature)

$ 100.00	**Filing Fee for Application**
$ 25.00	**Designation of Registered Agent**
$ 30.00	**Certified Copy (optional)**
$ 5.00	**Certificate of Status (optional)**

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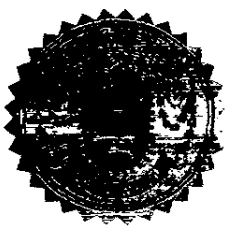
Delaware

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TOTAL DRUG CARE, L. L. C." IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SEVENTEENTH DAY OF JULY, A.D. 2003.



Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

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AUTHENTICATION: 2532591

DATE: 07-17-03