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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Pharmacy Creations, L.L.C.
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:

Sandie Torres
Name of Person

Imprimis Pharmaceuticals
Firm/Company

12626 High Bluff Dr. #150
Address

San Diego Ca 92130
City/State and Zip Code

STORRES@IMPRIMISPHARMA.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sandie Torres at (858) 704-4043
Name of Contact Person Area Code 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

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. Pharmacy Creations, L.L.C.
(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. NJ 3. 22-375-4464
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)


4. 4-1-14
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 540 Route 10 west Randolph NJ 07869
(Street Address of Principal Office)

6. C/O Imprimis
12626 High Bluff Dr. #150 San Diego Ca 92130
(Mailing Address)

7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:
Sandra Torres, Lic. Admin, 12626 High Bluff Dr #150 San Diego Ca 92130
Randle Hose, VP Pharm Ops, 12626 High Bluff Dr. #150 San Diego Ca 92130
Andrew Boll, Treasurer, 12626 High Bluff Dr. #150, San Diego Ca 92130

8. 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)


Signature of an authorized person

(In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

Andrew E. Boll
Typed or printed name of signee

RECEIVED
MAY 15 AM 8:56
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), 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:

Pharmacy Creations, L.L.C.

If unavailable, the alternate to be used in the state of Florida is:

Pharmacy Creations

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

National Corporate Research, Ltd. Lp
(Name)

155 Office Plaza Dr.

Florida Street Address (P.O. Box NOT ACCEPTABLE)

Tallahassee, FL 32301
City/State/Zip

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14 MAY 15 AM 9:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 605, Florida Statutes.

Jennifer F. Ettinger
(Signature)

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

**STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
SHORT FORM STANDING**

**PHARMACY CREATIONS, L.L.C.
0600096742**

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on August 24, 2000.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify the registered agent and registered office are:

***National Corporate Research, Ltd
14 Scenic Drive
Dayton, NJ 08810***



Certificate Number: 132001678

Verify this certificate online at

https://www.treas.nj.us/TETR_StandingCert/ISPVVerify_Cert.jsp

***IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed
my Official Seal at Trenton, this
23rd day of April, 2014***


**Andrew P. Sidamon-Eristoff
State Treasurer**

14 MAY 15 AM 8:55
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STATE
TREASURER
FLORIDA

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