

M14 000009136

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

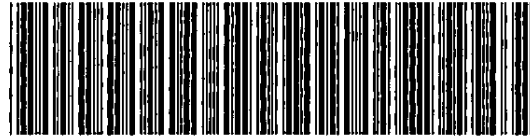
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/26/14--01027--017 **160.00

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14 DEC 18 AM 8:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers DEC 22 2014

647



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 3, 2014

KASSIE THOMAS
PO BOX 702212
W VALLEY CITY, UT 84170-2212

SUBJECT: JEFFERSON PHARMACY LLC
Ref. Number: W14000053655

We have received your document for JEFFERSON PHARMACY LLC and your check(s) totaling \$160.00. 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 the corrected original and one copy of 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.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 614A00018756

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Jefferson Pharmacy, LLC
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:

Kassie Thomas

Name of Person

Jefferson Pharmacy, LLC

Firm/Company

PO Box 702212

Address

West Valley City, Utah 84170-2212

City/State and Zip Code

jeffersonpharmacy@outlook.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kassie Thomas

Name of Contact Person

at (**801**) **727-1970**

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
TRANSACTION BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A
FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:*

1. Jefferson Pharmacy, LLC
(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. Utah 3. 46-5612102
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

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

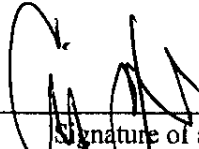
5. 6375 Bull River Road
Highland, Utah 84003
(Street Address of Principal Office)

6. PO Box 702212
West Valley City, Utah 84170-2212
(Mailing Address)

7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Craig Johanson- Manager
6375 Bull River Road
Highland, Utah 84003

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.)

Craig Johanson

Typed or printed name of signee

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14 DEC 18 AM 8:41
SECRETARY 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:

Jefferson Pharmacy, LLC

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

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

NRAI SERVICES, INC

(Name)

1200 SOUTH PINE ISLAND RD

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

PLANTATION, FL 33324

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 605, Florida Statutes.

Denise Bell

(Signature) Denise Bell, Asst. Secy.

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Utah Department of Commerce
Division of Corporations & Commercial Code
 160 East 300 South, 2nd Floor, PO Box 146705
 Salt Lake City, UT 84114-6705
 Service Center: (801) 530-4849
 Toll Free: (877) 526-3994 Utah Residents
 Fax: (801) 530-6438
 Web Site: <http://www.commerce.utah.gov>

12/10/2014
 9036617-016012102014-1969055

CERTIFICATE OF EXISTENCE

| | |
|-----------------------------|--------------------------|
| Registration Number: | 9036617-0160 |
| Business Name: | JEFFERSON PHARMACY , LLC |
| Registered Date: | May 12, 2014 |
| Entity Type: | LLC - Domestic |
| Current Status: | Good Standing |

The Division of Corporations and Commercial Code of the State of Utah, custodian of the records of business registrations, certifies that the business entity on this certificate is authorized to transact business and was duly registered under the laws of the State of Utah. The Division also certifies that this entity has paid all fees and penalties owed to this state; its most recent annual report has been filed by the Division (unless Delinquent); and, that Articles of Dissolution have not been filed.



Kathy Berg

Kathy Berg
 Director
 Division of Corporations and Commercial Code

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