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(Re	equestor's Name)	
(Ad	idress)	
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(Cit	ty/State/Zip/Phone #	ř)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Name)
(Dc	ocument Number)	
Certified Copies	_ Certificates o	f Status
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COVER LETTER

Division of Corporations			
SUBJECT: Stars and Stripes Pha	armacy,	LLC	
Name of Foreign I	imited Liabili	ty Compar	ny
Dear Sir or Madam:			
The enclosed application, certificate and fee(s) are	submitted for	r filing.	
Please return all correspondence concerning this n	natter to the fo	ollowing:	
Robyn Rudinsky			
Name of Person			
Stars and Stripes Pharmacy,	LLC		
Firm/Company			
3265 W. McNab Road			
Address			
Pompano Beach, FL 33069			
City/State and Zip Code	 -		
license@vividus.com			
E-mail address: (to be used for future annual re	port notification	on)	
	.,		
For further information concerning this matter, ple Robyn Rudinsky		404-8	1885
Name of Person	<i>د</i> (Telephone Number
		,	1
STREET/COURIER ADDRESS:			NG ADDRESS: tion Section
Registration Section Division of Corporations			of Corporations
Clifton Building		P.O. Box	
2661 Executive Center Circle Tallahassee, Florida 32301		i alianas	see, Florida 32314
Enclosed is a check for the following amount: \$\Bigsim \\$25 \text{ Filing Fee} \\$30 \text{ Filing Fee & Certificate of Status}\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$	\$55 Filin	_	S60 Filing Fee, Certificate of Status & Certified Copy
Casarious (21 to)			

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT **BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears	•
State: Stars and Stripes Pharmacy	, LLC
Enter new principal office address, if applicable:	
(<u>Principal office address</u> MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
2. The Florida document number of this limited liab	ility company is: M1600000180
3. Jurisdiction of its organization: Texas	
4. Date authorized to do business in Florida: 1/7/	16
SECTION II (5-9 complete only the applicable cl	
5. New name of the limited liability company: (must	contain "Limited Liability Company, " "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted to copy of the written consent of the managers or manamust contain "Limited Liability Company," "L.L.C.	for the purpose of transacting business in Florida and attach a aging members adopting the alternate name. The alternate name "or "LLC.")
6. If amending the registered agent and/or registered registered agent and/or the new registered office add	i officer address on our records, enter the name of the new dress here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida Street Address
	, Florida City Zip Code
the provisions of all statutes relative to the proper a and accept the obligations of my position as registe	t and agree to act in this capacity. I further agree to comply with and complete performance of my duties, and I am familiar with wred agent as provided for in Chapter 605, F.S. Or, if this in the registered office address, I hereby confirm that the limited,

8. If the amend	ment changes person, title or capacity in	accordance with 605.0902 (1)(e), indi	icate that change:
Title/ Capacity	<u>Name</u>	Address	Type of Action
MGR Vividus of Texas. LLC	5200 Colleyville Blvc	d, Unit CAdd	
		Colleyville, TX	76034 Remove
MGR	Alex Chervinsky	3265 W. McNab	Road _{Add}
	Pompano Beach, Fl	L 33069 ☐ Remove	
MGR Spencer Malkin	3265 W. McNab	Road	
		Pompano Beach, FL	_ 33069 Remove
MGR Barret Malkin	3265 W. McNab	Road Add	
	Pompano Beach, FL	. 33069 Remove	
		Add	
		/	Remove
aforemention	a certificate, if required: no more than 90 ned amendment(s), duly authenticated by under the law of which this entity is organized.	y the official having custody of recor	ds in the
	Signature of	the authorized representative	
Marc Poirier		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	Typed or prin	nted name of signee	- 🤼 🙃
Filing Fee: \$25.00 4		A 9 51	

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697 Carlos H. Cascos 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 Stars and Stripes Pharmacy, LLC (file number 802308825), a Domestic Limited Liability Company (LLC), was filed in this office on October 06, 2015.

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

It is further certified that our records indicate CORPORATION SERVICE COMPANY as the designated registered agent for the above named entity and the designated registered office for said entity is as follows:

211 E. 7TH STREET, SUITE 620

AUSTIN, TX - 78701 USA

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 January 04, 2016.



Phone: (512) 463-5555

Prepared by: SOS-WEB

Carlos H. Cascos Secretary of State