

	Registration Section Division of Corporations	May 30,	2000
SUBJEC	CT: NATIONAL COMMUNITY PHA	RMACY. INC.	
		ration - must include suffix)	
Door Si-	M d	,	
Dear Sir	or Madam:		
"Certific	osed "Application by Foreign Corporation ate of Existence", and check are submitted business in Florida.	for Authorization to Transact to register the above reference	Business in Florida", ed foreign corporation to
Please re	turn all correspondence concerning this ma	atter to the following:	
	Richard H. Roth,	Esq.	
		e of Person)	,,,,,
	Richard H. Roth.	D. 4	
	· · ·	/Company)	
	·	· • /	
	1500 E. Atlantic I	 	· 1 x
	(F	Address)	
	Pompano Beach, FL		
	(City	/State/Zip)	nn32742n4
			-06/01/0001091002
Should yo	ou need to call someone concerning this ma	atter, please call:	87.50
			5 p
	ard H. Roth at (954		_
(Name of Person) (A	rea Code & Daytime Telephor	ne Number)
STREET	ADDRESS:	MAILING ADDRESS:	
		MAILING ADDRESS:	WAL OO WAS THE
	on Section	Registration Section	
109 E. Gai	of Corporations ines St	Division of Corporations	<u>. 95</u>
Fallahassee, FL 32399		P.O. Box 6327 Tallahassee, FL 32314	
inclosed :	s a check for the fall	· ····································	## ### ###############################
ancioscu i	s a check for the following amount:		
3 \$70.00	Filing Fee	☐ \$78.75 Filing Fee & 🔞	\$87.50 Filing Fee,
	Certificate of Status	Certified Copy	Certificate of Status &
: Mr.	Randall R. Shenk		Certified Copy

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.

1. NATIONAL COMMUNITY PHARMACY, INC.

(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in large and the state of the

		orporation; must include breviations of like impo	ITL III IANOIIAGE 9	or trade lines of	i-di-a 41-	PANY",	"CORPO	RATION"	or	-
	natural perso	on or partnership if not	so contained in	the name at p	resent.)		oc.poruin	ni mstcau Ui	. а	
2.				3	6	<u>5-</u> 007	2446			
	(State or com	ntry under the law of wi	hich it is incorp	orated)				if applicable	e)	
4.		ry 27, 1999		5T	erpetu	ıal				
	(Date of incorporation)		(Dura	tion: Year	corp. wi	il cease to	exist or "pe	erpetual"	
6.	Janua	ry 27, 1999						_	- /	
	(Date first tra	nsacted business in Flor (S	rida. If corpora EE SECTIONS	tion has not tr 607.1501, 60	ansacted b 7.1502 and	usiness ii d 817.155	n Florida, 5, F.S.)	insert "upor	ı qualific	ation.")
7.	a. 6801	Lake Worth Roa	id, Lake	Worth, F	L 3346	7				
			(Principal	office address)					
	b. (same	as above)								
			(Current m	ailing address)				~	
8.	To enga	ge in any act	ivity or	business	permi	tted	under	+ h a l a .	te of ws of	Florida the/
		se(s) of corporation auth						•		 .
).)	Name and <u>st</u>	treet address of Flor	ida registered	agent: (P.C	D. Box or	Mail Dro	op Box <u>N</u>	IOT accept	able) 😤	BINES!
		Randall R. Sh			<u>.</u>		<u>.</u>		ے (2010 آ	
Off	ice Address:	6801 Lake Wor	th Road		-					
		Lake Worth			, Florida	3346 (Zip c			***	. 3 0
							-			රා

10. Registered agent's acceptance:

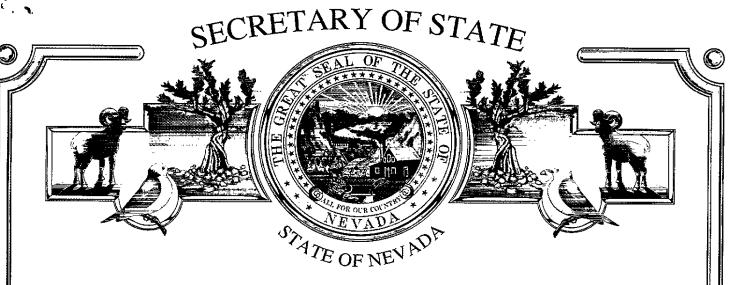
Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(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. DIR	ECTORS
	n: Randall R. Shenk
Address	: 6801 Lake Worth Road
	Lake Worth, FL 33467
Vice Ch	airman;
Director	:Calvin J. Dandley
	110 Locha Drive
	Jupiter, FL 33458
Director	Kara Stapleton
	6801 Lake Worth Road
B. OFF	Lake Worth, FL 33467
D. OFF	ICERS
President	: Randall R. Shenk
Address:	(same as above)
Assit.	Vice Pres.
/ Vice Pres	ident: Kara Stapleton
Address:	(same as above)
Secretary	Calvin J. Dandley
Address:	110 Locha Drive
	Jupiter, FL 33458
Treasurer:	Calvin J. Dandley
Address:	(same as above)
NOTE:	if necessary, you may attach an addendum to the application listing additional officers and/or directors.
13.	Bundal B Shenger
	(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)
14	Randall R. Shenk, President
	(Typed or printed name and capacity of person signing application)



WITH STATUS IN GOOD STANDING

I, DEAN HELLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **NATIONAL COMMUNITY PHARMACY**, **INC.**, as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since January 27, 1999, and is in good standing in this state.

THE RESERVE TO THE RE

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seai of State, at my office, in Carson City, Nevada, on April 18, 2000.

Secretary of State

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Certification Clerk