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1681 Washington, Street
Braintree, MA.02184
Phone: (781) 303-0200
Fax (781) 303-0204

.....

Highland Chemist, Inc.

February 8, 2005

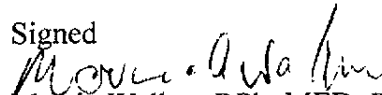
Ref: w040000355

To whom it may concern

Please find enclosed with this letter a copy of the certify of good standing as requested. We would like Highland Chemist registration to be mailed to 7370 N.W. 5th Street, Plantation, FL. 33317.

If you have any questions, please feel free to contact me at 954-581-8199.

Signed



Marcia Walker, RPh, MED, PharmDc

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2005 FEB 14 AM 8:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

.....



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

November 3, 2004

BARRY SHEVLIN
1111 KANE CONCOURSE, SUITE 605
BAY HARBOR ISLANDS, FL 33154

SUBJECT: HIGHLAND CHEMIST, INC.
Ref. Number: W04000040355

We have received your document for HIGHLAND CHEMIST, INC. and your check(s) totaling \$87.50. However, the document has not been filed and is being retained in this office for the following:

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 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) 245-6020.

Tammi Cline
Document Specialist

Letter Number: 204A00063104

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TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Highland Chemist, Inc.

(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Barry T. Shevlin, Esq.

(Name of Person)

The Law Offices of Barry T. Shevlin, P.A.

(Firm/Company)

1111 Kane Concourse, Suite 605

(Address)

Bay Harbor Islands, Florida 33154

(City/State and Zip code)

For further information concerning this matter, please call:

Barry T. Shevlin, Esq.

(Name of Person)

at (305) 868-0304

(Area Code & Daytime Telephone Number)

STREET ADDRESS:

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

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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TALLAHASSEE, FLORIDA

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Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☒ \$87.50 Filing Fee, Certificate of Status & 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. **Highland Chemist, Inc.**

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. **Massachusetts**

(State or country under the law of which it is incorporated)

3. **000859622**

(FEI number, if applicable)

4. **January 28, 2004**

(Date of incorporation)

5. **Perpetual**

(Duration: Year corp. will cease to exist or "perpetual")

6. **Upon Qualification**

(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. **1681 Washington Street, Braintree, Mass. 02184**

(Principal office address)

7. **7370 N.W. 5th Street, Plantation, Florida 33317**

(Current mailing address)

Retail Pharmacy

8. **The Sale and Distribution of Wholesale Drugs**

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box **NOT** acceptable)

Name: **Barry T. Shevlin, Esq.**

Office Address: **1111 Kane Concourse, Suite 605**

Bay Harbor Islands

(City)

, Florida **33154**

(Zip code)

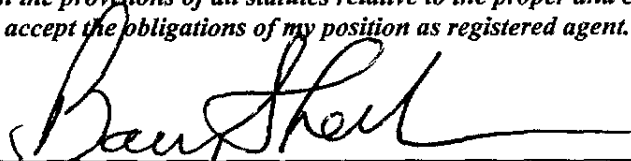
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TALLAHASSEE, FLORIDA

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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. DIRECTORS

Chairman: **Marcia Walker**

Address: **7370 N.W. 5th Street**

Plantation, Florida 33317

Vice Chairman: _____

Address: _____

Director: **Marcia Walker**

Address: **7370 N.W. 5th Street**

Plantation, Florida 33317

Director: _____

Address: _____

B. OFFICERS

President: **Marcia Walker**

Address: **7370 N.W. 5th Street**

Plantation, Florida 33317

Vice President: _____

Address: _____

Secretary: **Marcia Walker**

Address: **7370 N.W. 5th Street, Plantation, Florida 33317**

Treasurer: _____

Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. _____

(Signature of Director or Officer listed in number 12 of the application)

14. **Marcia Walker: Chairman, Director, President, and Secretary**

(Typed or printed name and capacity of person signing application)



The Commonwealth of Massachusetts
Secretary of the Commonwealth
State House, Boston, Massachusetts 02133

William Francis Galvin
Secretary of the
Commonwealth

February 3, 2005

TO WHOM IT MAY CONCERN:

I hereby certify that according to the records of this office,

HIGHLAND CHEMIST, INC.

is a domestic corporation organized on **January 28, 2004**, under the General Laws of the Commonwealth of Massachusetts.

I further certify that there are no proceedings presently pending under the Massachusetts General Laws Chapter 156D section 14.21 for said corporation's dissolution; that articles of dissolution have not been filed by said corporation; that, said corporation has filed all annual reports, and paid all fees with respect to such reports, and so far as appears of record said corporation has legal existence and is in good standing with this office.



In testimony of which,

I have hereunto affixed the

Great Seal of the Commonwealth

on the date first above written.

William Francis Galvin
Secretary of the Commonwealth