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Division of Corporations

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Account Name : CORPORATION SERVICE COMPANY

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FOREIGN PROFIT/NONPROFIT CORPORATION

TMS, INC.

| Certificate of Status | 0 |
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April 5, 2007

FLORIDA DEPARTMENT OF STATE Division of Corporations

CORPORATION SERVICE COMPANY

PR. 5. 20078 3:59PM

SUBJECT: TMS, INC. D/B/A TMS FULFILLMENT PHARMACY, INC.

REF: W07000016787

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing the enclosed application and submitting the appropriate fees to this office.

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Justin M Shivers Document Specialist New Filing Section FAX Aud. #: H07000085325 Letter Number: 307A00023138

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APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT 5 AM | 1: 13

| | proporation; must include "INCORPO" | RATED," "C | COMPANY," "CORPORATION," | |
|---------------------------------------|--|--------------------------|--|-------------|
| c.," "Co.," "C | лр," "Ino," "Co," or "Corp.") | | | |
| | | | Toc | |
| · · · · · · · · · · · · · · · · · · · | TMS Fulfillme | nt Pharm | acy, inc. | in Plorida |
| i nighe nimyani | ов и голав, епагаления сироп | ms untile notel | ver for the harloop of nationality of provinces | |
| Delawar | | 3, | 20-1297827 | |
| tate or country | ander the law of which it is incorpora | 85G) | (FEI number, if applicable) | : |
| 6/24/04 | | 5 | perpetual | |
| (Date | of incorporation) | Œ | tration: Year corp. will cease to exist or "p | ethogram,) |
| | ····· | | | · · · · · · |
| | | | rids, if prior to registration) F.S., to determins penalty liability) | |
| | (GEE BECTIONS OF ISOT | pe 001.1#02 ₇ | . 124 as accomming beautiful second | |
| 152 Was | hington Street, Belmont | MA 0247 | 8 | |
| | (Principal of | ffice address) | . • | |
| same a | s above | | | |
| | (Centent mai | lling address) | | ٠. |
| •* | | ٠. ٠. ٠ | et describer | |
| to act | as a holding company | ×4 | $\frac{1}{2}$ $\frac{1}$ | |
| (Furpose(s |) of corporation authorized in home s | tate or countr | y to be carried out in state of Florida) | |
| Vanue and stree | t address of Florida registered age | nt. (P.O. Bo | NOT acceptable) | • |
| Monas | Corporation Service Company | | • • • • • • | • |
| Name: | | | - · · · · · · | |
| ice Address: | 1201 Hays Street | | | , |
| | Tallabassee | | , Florida 32301 | |
| | (Citý) | ·-··· | (Zip code) | |
| | • | • | | |
| Registered as | ent's acceptance: | | , | |
| ing osen nam materi in Nie | ea as registerea agent and to acce | pt service o | f process for the above stated corporations as registered agent and agree to act in | on at the p |
| | | | us registered agent und agree to act in ve to the proper and complete performa | |
| | with and accept the obligations of | | | mies of His |
| | , , | 1 | | |
| C | rporation Service Company |) X1 | 11 | |
| В | r (Smit | '≪Shu | lina | |
| _ | (Registered agent's sig | | 7 | |
| | Ann R. Shilling, | | , ₇₂ U | |

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.

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07 APR -5 AMII: 13

| 12. Names and business addresses of officers and/or o | Grations: See Exhibit | |
|---|----------------------------------|---------------------------------------|
| A. DIRECTORS | | TALLAHASSEE, FLORIDA |
| Chairman: | | |
| Address: | , | |
| | | |
| Vice Chairman: | | |
| Address: | | |
| | | |
| Director: | | , |
| Address: | | |
| | | |
| Director: | | <u></u> |
| Address: | | |
| B. OFFICERS | | |
| President: | | • |
| Address: | | · · · · · · · · · · · · · · · · · · · |
| Addition | | |
| Vice President: | | |
| Address: | | |
| | | |
| Secretary: | | |
| Address: | | |
| Treasurer: | | |
| Address: | | · |
| NOTE: If necessary, you may attach an addendum to | the application listing addition | nal officers and/or directors. |
| V | | |
| (Signature of Director or Office: | listed in number 12 of the a | plication) |
| 14. Richard H. Rosen, President (Typed or printed name and ca | pacity of person signing app | ication) |

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07 APR -5 AM 11: 13

SECRETARY OF STATE FALLAHASSEE, FLORIDA

Exhibit A

TMS, INC.

OFFICERS AND DIRECTORS

| OFFICERS . | <u>NAME</u> | <u>ADDRESS</u> |
|------------------------------------|----------------------|--|
| President, Treasurer and Secretary | Richard H. Rosen | 162 Washington Street Belmont, MA 02478 |
| Assistent Secretary | Rebecca L. Bennett | 162 Washington Street Belmont, MA 02478 |
| Assistant Secretary | Edwin L. Miller, Jr. | One Post Office Square Boston, MA 02109 |
| Director | Richard H. Rosen | 162 Washington Street Belmont, MA 02478 |

Delaware The First State

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O7 APR -5 AMII: 13

SECRETARY OF STATE TALLAHASSEE, FLORIDA

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TMS, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWELFTH DAY OF MARCH, A.D. 2007.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TMS, INC."
WAS INCORPORATED ON THE TWENTY-FOURTH DAY OF JUNE, A.D. 2004.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.



Warriet Smile Hindan

AUTHENTICATION: 5497566

DATE: 03-12-07

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