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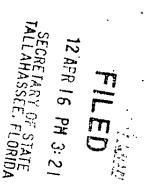
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#### **COVER LETTER**

	lew Filing Section Division of Corporations							
SUBJEC	Drugstore Products, Inc.							
Name of corporation - must include suffix								
Dear Sir o	r Madam:							
"Certifica	sed "Application by Foreign Corporation for Authorization to Transact Business in Florida," to of Existence," or "Certificate of Good Standing" and check are submitted to register the erenced foreign corporation to transact business in Florida.							
Please ret	return all correspondence concerning this matter to the following:							
Gary F	Robbins							
	Name of Person							
Drugs	tore Products, Inc.							
	Firm/Company							
1861	Preakness Ct.							
	Address							
Wall, N	ÝJ 07719							
	City/State and Zip code							
ROBBI	NS22@GMAIL.COM							
	E-mail address: (to be used for future annual report notification)							
For furthe	r information concerning this matter, please call:							
Gary R	Robbins at (732 ) 749-9221							
7	Name of Person Area Code & Daytime Telephone Number							
N D C 2	TREET/COURIER ADDRESS:  New Filing Section  Division of Corporations  Division of Corporations  Division of Corporations  P.O. Box 6327  Tallahassee, FL 32314  Tallahassee, FL 32301							
Enclosed	is a check for the following amount:							
<b>✓</b> \$70.	00 Filing Fee \$\ \text{S78.75 Filing Fee & Certified Copy} \] \$87.50 Filing Fee, Certificate of Status & Certified Copy							



## RECEIVED 12 APR 16 PM 12: 02

### FLORIDA DEPARTMENT OF STATE FLORIDA Division of Corporations

April 3, 2012

GARY ROBBINS DRUGSTORE PRODUCTS, INC. 1861 PREAKNESS CT WALL, NJ 07719

SUBJECT: DRUGSTONE PRODUCTS, INC.

Ref. Number: W12000018574

We have received your document for DRUGSTONE PRODUCTS, INC. and your check(s) totaling \$70.00. 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.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Ruby Dunlap Regulatory Specialist II

Letter Number: 512A00010886

#### 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.	Drugstore Pro				_			
		orporation; must include "INCORPORAT. orp," "Inc," "Co," or "Corp.")	ED,	" "COMPANY," "CORPORATION,"				
	(If name unavail	ne unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)						
2.	New Jersey		3.	451657930	_			
	(State or country	under the law of which it is incorporated)		(FEI number, if applicable)				
4.	04/14/2011		5.	perpetual				
	(Date	of incorporation)		(Duration: Year corp. will cease to exist or "perpetual"	)			
6.	03/05/12				_			
	(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)							
7.	1861 Preak	ness Ct. Wall, NJ 07719						
•		(Principal office	add	ress)				
1836 Seville Blvd. Unit 1121, Naples FL 34109								
	(Current mailing address)							
8.	any lawful	business						
	(Purpose(s	of corporation authorized in home state of	or co	ountry to be carried out in state of Florida)	<del></del>			
(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 NOT acceptable)  Name: Gary Robbins  Office Address: 1836 Seville Blvd. Unit 1121  Naples , Florida 34109								
	Name:	Gary Robbins		ASS.	2 LU			
O	ffice Address:	1836 Seville Blvd. Unit 1121		— Meg	圣口			
		Naples		, Florida 34109	ج جي			
		(City)		(Zip code)	1			
		gent's acceptance:		See of control of the state of	a mla a a			
				ice of process for the above stated corporation at the ment as registered agent and agree to act in this cap				
fu	rther agree to co	omply with the provisions of all statut	es r	elative to the proper and complete performance of t	my duties,			
<i>a</i>	nd I am familiar	with and accept the obligations of my	p p a	osition as registered agent.				
		I .						

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.

(Registered agent's signature)

12. Names and business addresses of officers and/or directors: FILED A. DIRECTORS 12 APR 16 PM 3:21 Chairman: Address: \_\_\_\_\_ SECRETARY OF STATE TALLAHASSEE, FLORIDA Vice Chairman: \_\_! Address: \_\_\_\_\_' Director: Address: Director: **B. OFFICERS** President: Gary Robbins Address: 1836 Seville Blvd. Unit 1121 Naples, FL 34109 Vice President: Address: \_\_\_\_\_ Secretary: Address: Treasurer: Johnna Robbins Address: 1836 Seville Blvd. Unit 1121 Naples, FL 34109 NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that 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. 14. Gary Robbins (Typed or printed name and capacity of person signing application)

## STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY SHORT FORM STANDING

FILED

12 APR 16 PM 3:21

SECRETARY OF STATE TALLAHASSEE, FLORIDA

#### DRUGSTORE PRODUCTS, INC

0400411413

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Profit Corporation was registered by this office on April 14, 2011.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

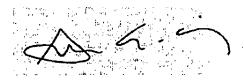
I further certify that the registered agent and registered office are:

Incorp Services Inc 208 West State Street Trenton, NJ 08608 1002



Certification# 124513974

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 10th day of April, 2012



Andrew P Sidamon-Eristoff
State Treasurer

Verify this certificate at https://www1.state.nj.us/TYTR\_StandingCert/JSP/Verify\_Cert.jsp