

F120000004784

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

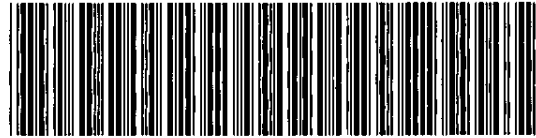
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE FLORIDA

11/28

8



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 423868 8809A

AUTHORIZATION :

[Signature]

COST LIMIT : \$ 78.75

ORDER DATE : November 15, 2012

ORDER TIME : 12:48 PM

ORDER NO. : 423868-010

CUSTOMER NO: 8809A

FOREIGN FILINGS

NAME: PINE PHARMACY AND HOME CARE
PRODUCTS CENTER, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
 PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Becky Peirce -- EXT# 52919

EXAMINER: _____

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 16, 2012

CSC

RESUBMIT

Please give original
submission date as file date.

SUBJECT: PINE PHARMACY AND HOME CARE PRODUCTS CENTER, INC.
Ref. Number: W12000057875

We have received your document for PINE PHARMACY AND HOME CARE PRODUCTS CENTER, INC. and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

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) 245-6052.

Jessica A Fason
Regulatory Specialist II

Letter Number: 312A00027661

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12 NOV 27 PM 2:15

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: PINE PHARMACY AND HOME CARE PRODUCTS CENTER, 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," or "Certificate of Good Standing" 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:

Aaron J. Felmet

Name of Person

Watson Bennett Colligan & Schechter LLP

Firm/Company

12 Fountain Plaza Suite 600

Address

Buffalo, New York 14202

City/State and Zip code

afelmet@watsonbennett.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Aaron J. Felmet

at (716) 852-3540

Name of Person

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

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

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. PINE PHARMACY AND HOME CARE PRODUCTS CENTER, 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. New York State 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. December 24, 1992 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 5110 Main Street, #101, Williamsville, New York 14221
(Principal office address)

5110 Main Street, #101, Williamsville, New York 14221
(Current mailing address)

8. Pharmaceutical; compounding medications & nutritional needs
(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: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301
(City) (Zip code)

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.

Corporation Service Company

By: _____

(Registered agent's signature)

Becky Peirce

Assistant Vice President

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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12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: Alfonse Muto

Address: 731 David Lane
Lewiston, NY 14092

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Alfonse Muto

Address: 731 David Lane
Lewiston, NY 14092

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

13. _____

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. Alfonse Muto, President

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

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TALLAHASSEE FLORIDA

State of New York
Department of State } ss:

I hereby certify, that the Certificate of Incorporation of PINE PHARMACY AND HOME CARE PRODUCTS CENTER, INC. was filed on 12/24/1992, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.



*Witness my hand and the official seal
of the Department of State at the City
of Albany, this 14th day of November
two thousand and twelve.*

Daniel Shapiro
Special Deputy Secretary of State

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