

F13000002087

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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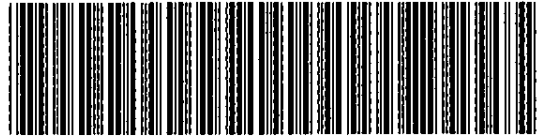
(Business Entity Name)

(Document Number)

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TALLAHASSEE FLORIDA

1/4



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 648519 7118205

AUTHORIZATION : *[Signature]*

COST LIMIT : \$ 70.00

ORDER DATE : May 14, 2013

ORDER TIME : 10:37 AM

ORDER NO. : 648519-005

CUSTOMER NO: 7118205

FOREIGN FILINGS

NAME: PROACT PHARMACY SERVICES, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Stephanie Milnes -- EXT# 52920

EXAMINER: _____

**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. ProAct Pharmacy Services, 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 or country under the law of which it is incorporated)

3. 320398535

(FEI number, if applicable)

4. October 12, 2012

(Date of incorporation)

5. Perpetual

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

6. Upon Qualification

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

7. c/o ProAct Pharmacy Services, Inc., 29 East Main Street, Gouverneur, NY 13642

(Principal office address)

29 East Main Street, Gouverneur, NY 13642

(Current mailing address)

Mail order pharmacy services. To engage in any act or activity for which corporations may be organized

8. _____

(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

(City)

, Florida 32301

(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: John H. Pelletier

(Registered agent's signature)

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: See attached directors rider

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: See attached officers rider

Address: _____

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. Warren D. Wolfson, Sec.
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. Warren D. Wolfson, Secretary
(Typed or printed name and capacity of person signing application)

OFFICERS/DIRECTORS RIDER

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FL-Application by Foreign Corporation for Authorization ProAct Pharmacy Services, Inc. 13 MAY 14 AM 8:40

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TALLAHASSEE FLORIDA

List of Officers

Name: John Dyer	Title: CFO
Bus. Addr.: c/o ProAct Pharmacy Services, Inc. 29 East Main Street Gouverneur NY 13642	
Name: David B. Warner	Title: President
Bus. Addr.: c/o ProAct Pharmacy Services, Inc. 29 East Main Street Gouverneur NY 13642	
Name: Stephen P. McCoy	Title: Vice President/Treasurer
Bus. Addr.: c/o ProAct Pharmacy Services, Inc. 29 East Main Street Gouverneur NY 13642	

List of Directors

Name: John Dyer	Term: Apr 30, 2014
Bus. Addr.: c/o ProAct Pharmacy Services, Inc. 29 East Main Street Gouverneur NY 13642	
Name: Stephen P. McCoy	Term: Apr 30, 2014
Bus. Addr.: c/o ProAct Pharmacy Services, Inc. 29 East Main Street Gouverneur NY 13642	
Name: Warren D. Wolfson	Term: Apr 30, 2014
Bus. Addr.: c/o Hancock Estabrook, LLP 100 East Washington Street, Ste 206 Syracuse NY 13202	

**State of New York
Department of State } ss:**

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**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

I hereby certify, that the Certificate of Incorporation of PROACT PHARMACY SERVICES, INC. was filed on 10/12/2012, 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.

I further certify that no other documents have been filed by such corporation.



*Witness my hand and the official seal
of the Department of State at the City
of Albany, this 03rd day of April
two thousand and thirteen.*

Daniel Shapiro
Special Deputy Secretary of State