F13000004556

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Fountain Park Pharmacy 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:

Jo Stephanie Culotta
Name of Person

Fountain Park Pharmacy
Firm/Company

1901 Manhattan Blvd. Bldg. F. Ste 104
Address

Harvey, LA 70058
City/State and Zip code

JOEYFOUNTAINPARKRx@GMAIL.COM.
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Richard Boatwright at (504) 232-2296
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. Fountain Park Pharmacy 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. Louisiana
(State or country under the law of which it is incorporated)

3. 46-3008411
(FEI number, if applicable)

4. 06/18/2013
(Date of incorporation)

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

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TALLAHASSEE, FLORIDA

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

7. 1901 Manhattan Blvd. Bldg. F Ste. 104
(Principal office address)

Harvey, LA 70058
(Current mailing address)

8. Retail Pharmacy
(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: NRAI Services, Inc.

Office Address: 1200 South Pine Island Road

Plantation (City), Florida 33324 (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.

NRAI Services, Inc.

By: Lezlee Brown Lezlee Brown, Assistant Secretary
(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: Randy S. Bullion

Address: 1409 Highland Ave.
McAllen, TX 78501

Vice Chairman: Noe O. Perez, Jr.

Address: 1700 Wysteria Ave.
McAllen, TX 78504

Director: Stephen D. Sutton

Address: 5016 Redwood Ave.
McAllen, TX 78501

Director: _____

Address: _____

B. OFFICERS

President: Jo Stephanie Culotta

Address: 38 Melrose Dr.
Marrero, LA 70072

Vice President: Jeramy P. Meacham

Address: 14 Deer Creek Dr.
Magnolia, AR 71753

Secretary: Richard Boatwright

Address: 2761 Jimmy Dean Dr. Marrero, LA 70072

Treasurer: _____

Address: _____

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

13. Jo Stephanie Culotta
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. Jo Stephanie Culotta, President
(Typed or printed name and capacity of person signing application)

UNITED STATES OF AMERICA

State of Louisiana

Tom Schedler

SECRETARY OF STATE

As Secretary of State of the State of Louisiana I do hereby Certify that

the Articles of Incorporation of

FOUNTAIN PARK PHARMACY INC.

Domiciled at HARVEY, LOUISIANA,

Were filed in this Office and a Certificate of Incorporation was issued on June 18, 2013,

I further certify that no Certificate of Dissolution has been issued.

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

October 7, 2013

Secretary of State

Web 41207100D

STATE OF LOUISIANA · UNION · JUSTICE · CONFIDENCE · SECRETARY OF STATE

Certificate ID: 10425342#H6D52

To validate this certificate, visit the following web site, go to Commercial Division, Certificate Validation, then follow the instructions displayed.
www.sos.louisiana.gov