

F/4000001809

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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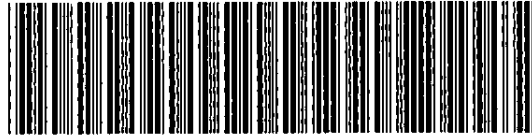
(Business Entity Name)

(Document Number)

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CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 106191 6729A

AUTHORIZATION :

[Handwritten signature]

COST LIMIT : \$ 70.00

ORDER DATE : April 24, 2014

ORDER TIME : 10:57 AM

ORDER NO. : 106191-005

CUSTOMER NO: 6729A

FOREIGN FILINGS

NAME: KROGER PRESCRIPTION PLANS,
INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Emily Gray -- EXT# 52925

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. Kroger Prescription Plans, 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. Ohio 3. 20-5927634
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. November 16, 2006 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. 1014 Vine Street, Cincinnati, OH 45202
(Principal office address)
- 1014 Vine Street, Cincinnati, OH 45202
(Current mailing address)
8. Pharmacy benefit management services.
(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)

Sue G. Knight
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.

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

A. DIRECTORS

Chairman: SEE ATTACHED

Address:

Vice Chairman:

Address:

Director:

Address:

Director:

Address:

B. OFFICERS

President: SEE ATTACHED

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.

Dorothy D. Roberts

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.

Dorothy D. Roberts, Assistant Secretary

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

KROGER PRESCRIPTION PLANS, INC.
an Ohio corporation

DIRECTORS

<u>NAME</u>	<u>TITLE</u>	<u>BUSINESS ADDRESS</u>
Bruce M. Gack	Director	1014 Vine Street Cincinnati, OH 45202
Dorothy D. Roberts	Director	1014 Vine Street Cincinnati, OH 45202
Mary Elizabeth Van Ofen	Director	1014 Vine Street Cincinnati, OH 45202

OFFICERS

<u>NAME</u>	<u>TITLE</u>	<u>BUSINESS ADDRESS</u>
Christine S. Wheatley	President	1014 Vine Street Cincinnati, OH 45202
Bruce M. Gack	Vice President and Assistant Secretary	1014 Vine Street Cincinnati, OH 45202
Todd A. Foley	Vice President and Treasurer	1014 Vine Street Cincinnati, OH 45202
Dorothy D. Roberts	Assistant Secretary	1014 Vine Street Cincinnati, OH 45202
Joseph W. Bradley	Assistant Treasurer	1014 Vine Street Cincinnati, OH 45202

UNITED STATES OF AMERICA
STATE OF OHIO
OFFICE OF THE SECRETARY OF STATE

I, Jon Husted, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show KROGER PRESCRIPTION PLANS, INC., an Ohio corporation, Charter No. 1661204, having its principal location in Cincinnati, County of Hamilton, was incorporated on November 16, 2006 and is currently in GOOD STANDING upon the records of this office.



*Witness my hand and the seal of the
Secretary of State at Columbus, Ohio
this 22nd day of April, A.D. 2014.*

Jon Husted

Ohio Secretary of State

Validation Number: 201411200677