

F15000002655

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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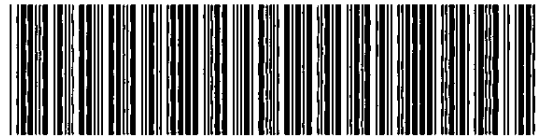
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DIVISION OF CORPORATE FILINGS

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NCR National Corporate Research (Hong Kong) Limited,  
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Date: 06/18/2015

Account #: I20000000088

Name: Michelle Walker

Reference #: L084085

ENTITY NAME: BOND PHARMACY, INC.

☒ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Annual Report

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other: \_\_\_\_\_

Authorized Amount: \$70

Signature: Michelle Walker

115 North Calhoun Street, Suite #4, Tallahassee, FL 32301  
Telephone: (866) 625-0838 Fax: (866) 625-0839 International +1 (212) 947-7200  
E-Mail: [info@nationalcorp.com](mailto:info@nationalcorp.com) Website: [www.nationalcorp.com](http://www.nationalcorp.com)

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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. **Bond 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. **Mississippi**

(State or country under the law of which it is incorporated)

3. **64-0913966**

(FEI number, if applicable)

4. **07/06/1999**

(Date of incorporation)

5. **perpetual**

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

6. **October 2, 2009**

(Date first transacted business in Florida, if prior to registration)

(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. **623 Highland Colony Parkway, Suite 1000, Ridgeland, MS 39157**

(Principal office address)

**(same)**

(Current mailing address)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: **National Registered Agents, Inc.**

Office Address: **515 East Park Avenue**

**Tallahassee**

(City)

, Florida **32301**

(Zip code)

9. **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.*

**National Registered Agents, Inc** Michael Jones

**Assistant Secretary**

(Registered agent's signature)

10. 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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TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: Robert A. Martin

Address: 623 Highland Colony Parkway, Suite 1000  
Ridgeland, MS 39157

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: Charles R. Bell, Jr.

Address: 623 Highland Colony Parkway, Suite 1000  
Ridgeland, MS 39157

Director: Ryan Glaws

Address: 623 Highland Colony Parkway, Suite 1000  
Ridgeland, MS 39157

B. OFFICERS

President: William G. Shields

Address: 623 Highland Colony Parkway, Suite 1000  
Ridgeland, MS 39157

Vice President: Bryan Armstrong

Address: 623 Highland Colony Parkway, Suite 1000  
Ridgeland, MS 39157

Secretary: David N. Buck, III

Address: 623 Highland Colony Parkway, Suite 1000, Ridgeland, MS 39157

Treasurer: David Cheek

Address: 623 Highland Colony Parkway, Suite 1000, Ridgeland, MS 39157

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

12. William G. Shields

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.

13. William G. Shields, Chief Executive Officer

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

**ATTACHMENT A**

TO APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION  
TO TRANSACT BUSINESS IN FLORIDA

NAMES AND BUSINESS ADDRESSES OF ADDITIONAL DIRECTORS:

Director: Matthew C. Hicks  
623 Highland Colony Parkway, Suite 1000  
Ridgeland, MS 39157

Director: Ian Adler  
623 Highland Colony Parkway, Suite 1000  
Ridgeland, MS 39157

Director: William G. Shields  
623 Highland Colony Parkway, Suite 1000  
Ridgeland, MS 39157

NAMES, BUSINESS ADDRESSES AND TITLES OF ADDITIONAL OFFICERS:

Ryan Glaws, Vice President and Assistant Secretary  
623 Highland Colony Parkway, Suite 1000  
Ridgeland, MS 39157

Matthew C. Hicks, Vice President  
623 Highland Colony Parkway, Suite 1000  
Ridgeland, MS 39157



DELBERT HOSEMANN  
*Secretary of State*

Office of the Secretary of State  
Jackson, Mississippi

## Certificate of Good Standing

I, C. DELBERT HOSEMANN, JR., Secretary of State of the State of Mississippi, and as such, the legal custodian of the records as required by the laws of Mississippi, to be filed in my office, do hereby certify:

That on the 6th day of July, 1999, the State of Mississippi issued a Charter/ Certificate of Authority to

**BOND PHARMACY, INC.**

That the state of incorporation is Mississippi.

That the period of duration is perpetual.

That according to the records of this office, Articles of Dissolution or a Certificate of Withdrawal have not been filed.

That according to the records of this office, a current Annual Report has been delivered to the Office of the Secretary of State.

I further certify that all fees, taxes and penalties owed to this state, as reflected in the records of the Secretary of State, have been paid and that the corporation is in existence or has authority to transact business in Mississippi.

That insofar as the records of this office are concerned, the said BOND PHARMACY, INC. is in good standing at this time.

Given under my hand and seal of office  
the 17th day of June, 2015

*C. Delbert Hosemann, Jr.*

C. DELBERT HOSEMANN, JR.  
*Secretary of State*

Certificate Number: CN15011032

Verify this certificate online at <http://corp.sos.ms.gov/corpconv/verifycertificate.aspx>