F15000003892

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 03 2015

J SHIVERS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HOLLIS PRESCRIPTION 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:

Name of Person

MARCUS & LEVINE, CPAs, LLC
Firm/Company

15300 JOG ROAD, STE. 208
Address

DELRAY BEACH, FL 33446
City/State and Zip code

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

For further information concerning this matter, please call:

Name of Person at (561) 455-0360
Area Code Daytime Telephone Number

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:
Registration 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. HOLLIS PRESCRIPTION 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 or country under the law of which it is incorporated)

3. 46-4967353
(FEI number, if applicable)

4. 3/3/2014
(Date of incorporation)

5. PERPETUAL
(Date of duration, if other than 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. 20511 JAMAICA AVENUE, HOLLIS, NY 11423-3039
(Principal office address)

4770 N. HIATUS ROAD, SUNRISE, FL 33351
(Current mailing address, if different)

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TALLAHASSEE, FLORIDA

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

Name: STEPHEN M. KRAUSE

Office Address: 4770 N. HIATUS ROAD

SUNRISE, Florida 33351
(City) (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.

_____
(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.

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

A. DIRECTORS

Chairman: STEPHEN M. KRAUSE

Address: 4770 N. HIATUS ROAD

SUNRISE, FL 33351

Vice Chairman: _____

Address: _____

_____

Director: STEPHEN M. KRAUSE

Address: 4770 N. HIATUS ROAD

SUNRISE, FL 33351

Director: _____

Address: _____

_____

B. OFFICERS

President: STEPHEN M. KRAUSE

Address: 4770 N. HIATUS ROAD

SUNRISE, FL 33351

Vice President: _____

Address: _____

_____

Secretary: STEPHEN M. KRAUSE

Address: 4770 N. HIATUS ROAD SUNRISE, FL 33351

Treasurer: STEPHEN M. KRAUSE

Address: 4770 N. HIATUS ROAD SUNRISE, FL 33351

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

12. _____

Signature of Director or Officer

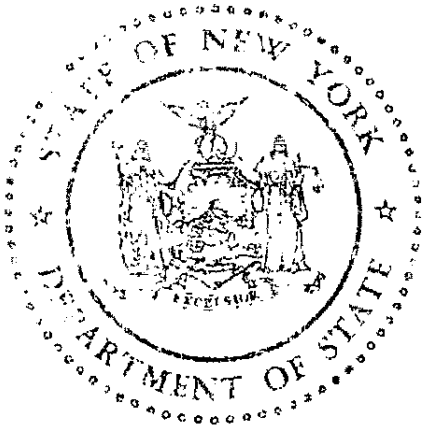
The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

13. STEPHEN M. KRAUSE

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

State of New York
Department of State } ss:

I hereby certify, that the Certificate of Incorporation of HOLLIS PRESCRIPTION CENTER INC was filed on 03/03/2014, 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.



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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WITNESS my hand and the official seal of the Department of State at the City of Albany, this 27th day of August two thousand and fifteen.

Executive Deputy Secretary of State