

F18000005738

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

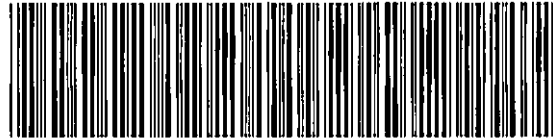
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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12/13/18--01006--010 \*\*2502.50

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18 DEC 13 AM 10:46

FILED  
18 DEC 13 AM 1:52  
TALLAHASSEE, FLORIDA

K. SALY

DEC 14 2018

# SUNSHINE CORPORATE FILING OF FLORIDA INC.

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 12/13/2018

**\*\*WALK IN\*\***

ENTITY NAME PHARMACY BENEFIT CONSULTANTS, PC

DOCUMENT NUMBER \_\_\_\_\_

**\*\*PLEASE FILE THE ATTACHED AND RETURN\*\***

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
XXXX

*Plain Copy*  
*Certified Copy*  
*Certificate of Status*

CERTIFIED COPY AND CERT. OF STATUS

**\*\*PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY\*\***

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Certified Copy of Arts & Amendments*  
*Certificate of Good Standing*

\_\_\_\_\_

**\*\*APOSTILLE' / NOTARIAL CERTIFICATION\*\***

COUNTRY OF DESTINATION \_\_\_\_\_

NUMBER OF CERTIFICATES REQUESTED \_\_\_\_\_

TOTAL OWED \$87.50

CHECK # 5540

*Please call Tina at the above number for any issues or concerns. Thank you so much!*

## COVER LETTER

**TO:** Registration Section  
Division of Corporations  
Pharmacy Benefit Consultants, P.C.

**SUBJECT:** \_\_\_\_\_  
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:  
Linda Cahn

\_\_\_\_\_  
Name of Person  
Pharmacy Benefit Consultants, PC  
\_\_\_\_\_  
Firm/Company  
1255 N Gulfstream Avenue, # 807  
\_\_\_\_\_  
Address  
Sarasota, Florida 34236  
\_\_\_\_\_  
City/State and Zip code  
LindaCahn@mac.com  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Linda Cahn                      973                      885-3664  
\_\_\_\_\_  
Name of Person                      at (                      )                      Daytime Telephone Number  
Area Code

**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.*

Pharmacy Benefit Consultants, P.C.

1. \_\_\_\_\_  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

Pharmacy Benefit Consultants of Florida, Inc.

2. \_\_\_\_\_  
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)  
New Jersey 20-3534303

3. \_\_\_\_\_  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. \_\_\_\_\_  
(Date of incorporation) 5. \_\_\_\_\_  
(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)

Pharmacy Benefit Consultants, P.C., 7 Arborview Way, Morristown, New Jersey 07960  
7. \_\_\_\_\_  
(Principal office address)

\_\_\_\_\_   
(Current mailing address, if different)

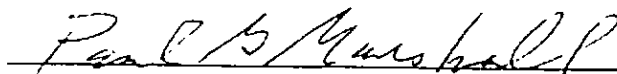
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Paul Marshall

Office Address: 1255 N Gulfstream Avenue - # 807  
Sarasota 34236  
\_\_\_\_\_, Florida \_\_\_\_\_  
(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.

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18 DEC 13 AM 1:52  
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: Linda Cahn, Esq.  
7 Arborview Way  
Address: Morristown, New Jersey 07960

Vice Chairman: Paul Marshall  
1255 N Gulfstream Avenue, # 807  
Address: Sarasota, Florida 34236

Director:  
Address:

Director:  
Address:

B. OFFICERS

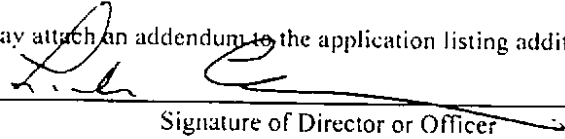
President: Linda Cahn, Esq.  
7 Arborview Way  
Address: Morristown, New Jersey 07960

Vice President:  
Address:

Secretary:  
Address:

Treasurer: Paul Marshall  
1255 N Gulfstream Avenue, # 807, Sarasota, Florida 34236  
Address:

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. Linda Cahn, Esq. CEO and President, Chairman of the Board  
(Typed or printed name and capacity of person signing application)

**STATE OF NEW JERSEY  
DEPARTMENT OF THE TREASURY  
DIVISION OF REVENUE AND ENTERPRISE SERVICES  
SHORT FORM STANDING**

**PHARMACY BENEFIT CONSULTANTS, P.C.**

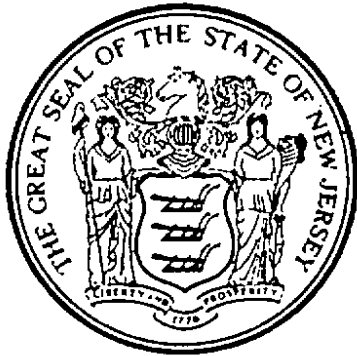
0100952054

*I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Professional Corporation was registered by this office on September 21, 2005.*

*As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.*

*I further certify that the registered agent and office are:*

LINDA CAHN  
7 ARBORVIEW  
HARDING, NJ 07960



*IN TESTIMONY WHEREOF, I have  
hereunto set my hand and affixed  
my Official Seal at Trenton, this  
7th day of December, 2018*

Elizabeth Maher Muoio  
State Treasurer

Certificate Number : 6093412572

Verify this certificate online at

[https://www1.state.nj.us/TYTR\\_StandingCert/JSP/Verify\\_Cert.jsp](https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp)

FILED  
18 DEC 13 AM 11:52  
TREASURER'S OFFICE  
STATE OF NEW JERSEY