

F1900000/037

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : LEGALINC CORPORATE SERVICES INC.
Account Number : I20180000011
Phone : (844)386-0178
Fax Number : (214)317-4754

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FOREIGN PROFIT/NONPROFIT CORPORATION
Pharmacy PSA Inc.

Certificate of Status	0
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Page Count	03
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TALLAHASSEE, FLORIDA

2019 MAR 28 11:38:02

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MAR - 4 2019

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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. PHARMACY SERVICES AMERICA, INC.
 (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
 Pharmacy PSA Inc.
 (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
 Delaware
 2. (State or country under the law of which it is incorporated) 3. (FEI number, if applicable)
 5/1/2018
 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)
 6191 Orange Dr, Ste 6177 Davie, FL 33314
 7. (Principal office address)
 (Current mailing address, if different)
 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
 Name: Legalinc Corporate Services Inc.
 Office Address: 5237 Summerlin Commons Blvd. Ste. 400
 Fort Myers, Florida 33907
 (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.

Nancy Luna

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

A. DIRECTORS

Chairman: Rourke Smith
6191 Orange Dr, Ste 6177, Davie, FL 33314
Address:

Vice Chairman: Rourke Smith
6191 Orange Dr, Ste 6177, Davie, FL 33314
Address:

Director: Rourke Smith
6191 Orange Dr, Ste 6177, Davie, FL 33314
Address:

Director:
Address:

B. OFFICERS

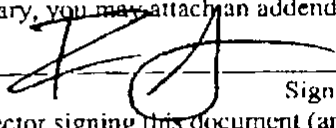
President: Rourke Smith
6191 Orange Dr, Ste 6177, Davie, FL 33314
Address:

Vice President: Rourke Smith
6191 Orange Dr, Ste 6177, Davie, FL 33314
Address:

Secretary: Rourke Smith
6191 Orange Dr, Ste 6177, Davie, FL 33314
Address:

Treasurer: Rourke Smith
6191 Orange Dr, Ste 6177, Davie, FL 33314
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. Rourke Smith
(Typed or printed name and capacity of person signing application)

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Delaware

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PHARMACY SERVICES AMERICA, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRTIETH DAY OF JANUARY, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES HAVE BEEN ASSESSED TO DATE.

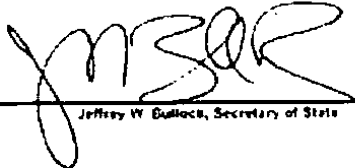
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Jeffrey W. Bullock, Secretary of State

Authentication: 202173791

Date: 01-30-19