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## FOREIGN PROFIT/NONPROFIT CORPORATION R & T PHARMACY CORP.

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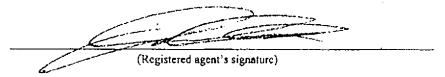
## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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.	R&T	PHARMACY CORP.					7. 73	
	(Enter name of co	orporation; must include "INCORPORA orp," "Inc," "Co," or "Corp.")	TED,	" "СОМРА	NY,	"CORPORATION,"	SECULTARY CO	TILE
	(If name unavaila	ble in Florida, enter alternate corporate	name	adopted for	the p	urpose of transacting b	ousiness in Floric	الله
2.	NEW YOR	Κ	3.		46-5	125817	FLO	ج
	(State or country	under the law of which it is incorporate	ed)			(FEI number, if applied	cable)	-55
4.	March	19, 2014	5.		Po	erpetual	y	
	(Date	of incorporation)		(Duration:	Yea	r corp. will cease to ex	ist or "perpetual	<del>"")</del>
6.								
7	28	(Date first transacted busi (SEE SECTIONS 607.1501 & 800 Biscayne Blvd., Suite 500, Miami,	607.1.	502, F.S., to				
٠٠.		(Principal offic				<del></del>		
	2800	Biscayne Blvd., Suite 500, Miami, Flo	rida 3	3137				
	<u></u>	(Current mailir					·····	<del></del>
8.	Name and stree	l address of Florida registered agent Ritter, Zaretsky, Lieber & Jaime, L				ceptable)		
Of	ffice Address:	2800 Biscayne Blvd., Suite 500						
		Miami,	<del>.</del>	, Flor	ida	33137		
		(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.



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.

A. DIRECTORS

1 .		Names	and	business	иddresses	of	officers	and/or	directors
-----	--	-------	-----	----------	-----------	----	----------	--------	-----------

Chainman;	
Address:	
Vice Chairman:	
Address:	
Director:	
Address:	
Director:	
Address:	E.O. PR
B. OFFICERS	LONITE 52
President: Jay Sinis	P
Address: 2800 Biscayne Blod Suite 500 Minut Plante 22 122	
Vice President:	
Address:	
Secretury:	
Address:	
Treasurer:	
Address:	
NOTE: If necessary, you may attach an addendum to the application lis	ring additional officers and/or directors.
12.	<u> </u>
Signature of Director or Officer or director or Officer or director signing this document and who is listed in number true and that he or she is aware that false information submitted in a athird degree felony as provided for in s.817.155, F.S.	ne 12 abova) office a three shares and the state
13 Jay Enis	
(Typed or printed name and capacity of person s	igning application)

## State of New York Department of State } ss:

3052201440

I hereby certify, that the Certificate of Incorporation of R & T PHARMACY CORP. was filed on 02/18/2014, with perpetual duration, and that and diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of and 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. The further certify the following:

A Biennial Statement was filed 05/17/2018.

A Biennial Statement was filed 02/04/2020.

I further certify that no other documents have been filed by such corporation.



Witness my hand and the official seal of the Department of State at the City of Albany, this 25th day of March two thousand and twenty.

Braden C Hylen

Brendan C. Hughes
Executive Deputy Secretary of State

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