

TRANSMITTAL LETTER

To: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: PHARMACEUTICALS SOUTHWEST, INC.
(Name of corporation - must include suffix)

Dear Sir or Madam:

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-02/18/99--01017--002
*****87.50 *****87.50

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida",
"Certificate of Existence", 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:

Terrie Suarez

(Name of Person)

Pharmaceuticals Southwest, Inc.

(Firm/Company)

2123 SW 27th Avenue

(Address)

Miami, Florida 33145

(City/State/Zip)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

Should you need to call someone concerning this matter, please call:

Terrie Suarez

(Name of Person)

at (305) 529-1047

(Area Code & Daytime Telephone Number)

STREET ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount: \$87.50

- ☐ \$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. PHARMACEUTICALS SOUTHWEST, INC.

(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

2. Louisiana

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

3. 72-1426616

(FEI number, if applicable)

4. 9-17-98

(Date of incorporation)

5. Perpetual

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

6. 3-15-99

(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 5319 SW 8th Street Miami, Florida 33134

(Current mailing address)

8. Pharmacy (Retail)

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. **Name and street address of Florida registered agent:** (P.O. Box or Mail Drop Box NOT acceptable)

Name: Terrie Suarez

Office Address: 5319 SW 8th Street

Miami, Florida, 33134

(Zip code)

10. **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)

11. 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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12. Names and addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable)

A. DIRECTORS (Street address only - P.O. Box NOT acceptable)

Chairman: Terrie Suarez

Address: 5319 SW 8th Street Miami, Florida 33134

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS (Street address only - P.O. Box NOT acceptable)

President: Terrie Suarez

Address: 5319 SW 8th Street Miami, Florida 33134

Vice President: _____

Address: _____

Secretary: Terrie Suarez

Address: 5319 SW 8th Street Miami, Florida 33134

Treasurer: _____

Address: _____

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

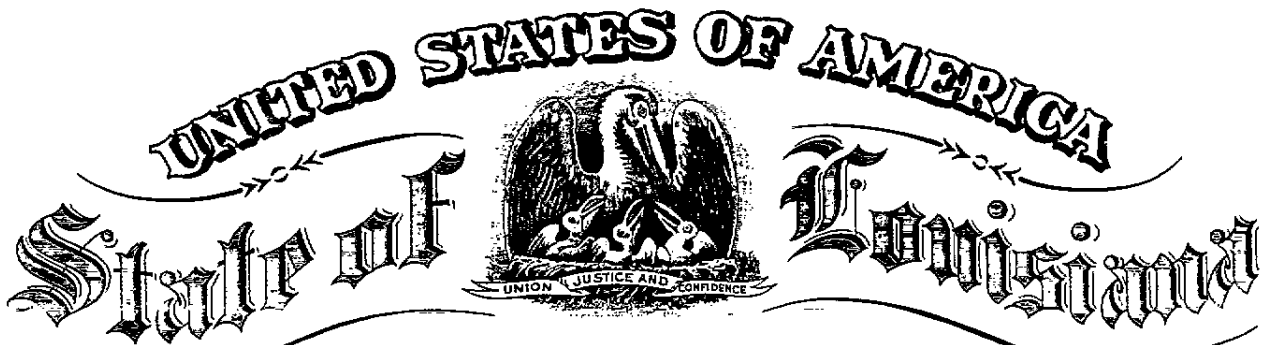
13. 

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Terrie Suarez, President

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

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TALLAHASSEE FLORIDA



Jox McKeithen

SECRETARY OF STATE

As Secretary of State, of the State of Louisiana, I do hereby Certify that

PHARMACEUTICALS SOUTHWEST, INC.

A LOUISIANA corporation domiciled at KENNER,

Filed charter and qualified to do business in this State on
September 17, 1998,

I further certify that the records of this Office indicate
the corporation has paid all fees due the Secretary of
State, and so far as the Office of the Secretary of State
concerned is in good standing and is authorized to do
business in this State.

I further certify that this Certificate is not intended to
reflect the financial condition of this corporation since
this information is not available from the records of this
Office.

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STATE
SECRETARY OF
J. A. HASSLER
TALLAHASSEE, FLORIDA

FILED

*In testimony whereof, I have hereunto set
my hand and caused the Seal of my Office
to be affixed at the City of Baton Rouge on,*

February 11, 1999

Jox McKeithen

CAS 34686875D

Secretary of State

