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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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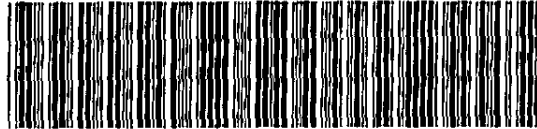
(Business Entity Name)

(Document Number)

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ROGER L. MEYER
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HELEN RIVES PRUITT *
JAMES E. BARTELS
NICHOLAS FISH
STEVEN J. KUHN*
DAVID I. BEAN

* MEMBER OF OREGON AND WASHINGTON BARS

MEYER & WYSE LLP

ATTORNEYS AT LAW
621 S.W. MORRISON STREET
SUITE 1300
PORTLAND, OREGON 97205
TELEPHONE: (503) 228-8448
FACSIMILE: (503) 273-9135
Email: rlm@meyerwyse.com
Direct Telephone: (503) 517-8101

LEGAL ASSISTANTS

SANDRA L. ENTLER
DENNIS R. WINSLOW

July 21, 2005

Registrar Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

**RE: *Application by Foreign LLC for Authorization to Transact Business in Florida
Genoa Healthcare, LLC***

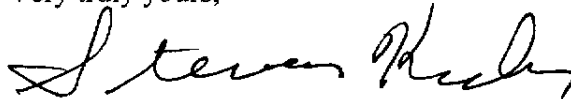
Dear Staff:

We enclose the following:

- 1) An Application by Foreign LLC for Authorization to Transact Business in Florida;
- 2) An original Certificate of Existence from the Oregon Secretary of State for Genoa Healthcare, LLC;
- 3) A signed Consent to Appointment as Registered Agent from CT Corporation System; and
- 4) Our check in the amount of \$125.00, made payable to "Registration Section, Division of Corporation," as your filing fee.

Please direct any questions regarding the enclosed to this office. Thank you.

Very truly yours,



Steven J. Kuhn

SJK
enclosures

c: Kevin Martyn (w/enc)
Roger L. Meyer (w/enc)

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO
TRANSACT BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. GENOA HEALTHCARE, LLC
(Name of Foreign Limited Liability Company)

2. Oregon 3. 68-0489721
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. February 11, 2002 5. Perpetual
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")

6. _____
(Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

7. 6807 NE 79th Court, Ste A
Portland, OR 97218
(Street Address of Principal Office)

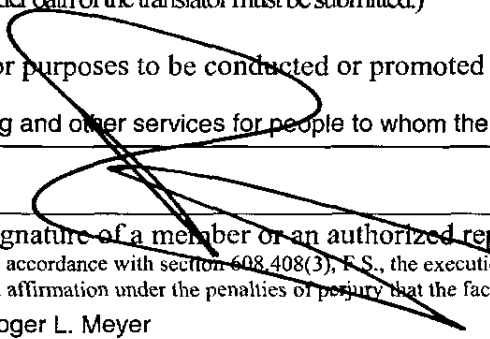
8. If limited liability company is a manager-managed company, check here ☒

9. The name and usual business addresses of the managing members or managers are as follows:

Kevin Martyn
17660 301st Street
Kent, WA 98042

10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: Dispensing prescription drugs
and providing monitoring and other services for people to whom the LLC dispenses prescription drugs.



Signature of a member or an authorized representative of a member.
(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)
Roger L. Meyer

Typed or printed name of signee

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**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

GENOA HEALTHCARE, LLC

2. The name and the Florida street address of the registered agent and office are:

C T CORPORATION SYSTEM

(Name)

1200 SOUTH PINE ISLAND ROAD

Florida Street Address (P.O. Box **NOT** ACCEPTABLE)

Plantation

FL 33324

City/State/Zip

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Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

(Signature)

\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

FLORIDA

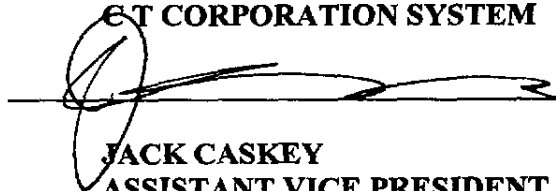
CONSENT TO APPOINTMENT AS REGISTERED AGENT

C T CORPORATION SYSTEM having been designated to act as registered agent hereby agrees to act in this capacity for the following corporation:

GENOA HEALTHCARE, LLC

July 14, 2005

C T CORPORATION SYSTEM

A handwritten signature in black ink, appearing to read "Jack Caskey", is written over a horizontal line.

**JACK CASKEY
ASSISTANT VICE PRESIDENT
C T CORPORATION SYSTEM**

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CERTIFICATE

State of Oregon

OFFICE OF THE SECRETARY OF STATE
Corporation Division

I, **BILL BRADBURY**, Secretary of State of Oregon, and Custodian of the Seal
of said State, do hereby certify:

GENOA HEALTHCARE, LLC

was

organized

under the Oregon

Limited Liability Company Act

on


February 11, 2002

and is active on the records of the Corporation Division as
of the date of this certificate.



*In Testimony Whereof, I have hereunto set
my hand and affixed hereto the Seal of the
State of Oregon.*

BILL BRADBURY, Secretary of State

By 
Marilyn R. Smith
June 29, 2005