

11/03/2005 12:18

8502227615

CT CORP

PAGE 01/05

Division of Corporations

Page 1 of 1

M050000006162

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H05000256339 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

RECEIVED

05 NOV -3 AM 11:37

DIVISION OF CORPORATIONS

Division of Corporations
Fax Number : (850) 205-0383

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5926

FOREIGN LIMITED LIABILITY COMPANY

SECURE PHARMACY PLUS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing

Public Access Help

J. BRYAN NOV -4 2005

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SECURE PHARMACY PLUS LLC
(Name of Limited Liability Company)

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

PEGGY J. GRIMES

(Name of Person)

SECURE PHARMACY PLUS, LLC

(Firm/Company)

105 WESTPARK DRIVE, SUITE 200

(Address)

BRENTWOOD TH 37027

(City/State and Zip Code)

For further information concerning this matter, please call:

PEGGY J. GRIMES

(Name of Person)

at (615) 376-0656

(Area Code & Daytime Telephone Number)

MAILING ADDRESS:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

FILED
2005 NOV -3 AM 11:44
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
2005 NOV -3 AM 11:14
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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

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

1. SECURE PHARMACY PLUS, LLC
(Name of Foreign Limited Liability Company)
2. TENNESSEE
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 65-0622856
(FEI number, if applicable)
4. 08/18/2000
(Date of Organization)
5. PERPETUAL
(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. 105 WESTPARK DRIVE, SUITE 200
BRENTWOOD TN 37027
(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:
MICHAEL CATALANO - 105 WESTPARK DRIVE, STE 200, BRENTWOOD TN 37027
ENOCH E. (TREY) HARTMAN - 105 WESTPARK DRIVE, STE 200, BRENTWOOD TN 37027
MICHAEL W. TAYLOR - 105 WESTPARK DRIVE, STE 200, BRENTWOOD TN 37027
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: FOR-PROFIT PHARMACY SERVICES

Enoch E. Hartman
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.)

ENOCH E. (TREY) HARTMAN - Manager

Typed or printed name of signee

**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:

SECURE PHARMACY PLUS, LLC

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

CT Corporation System

(Name)

1200 South Pine Island Road

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

Plantation, Florida 33324

City/State/Zip

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.

CT Corporation System

CONNIE DEYAN

By:

Connie Deyan

(Signature)

SPECIAL ASSISTANT SECRETARY

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

FILED
2005 NOV -3 AM 11:44
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

11/03/2005 12:18 8582227615

NDU-02-2005 08:33

C T Atlanta team 3

CT CORP

4048887795

PAGE 05/05

P.02/05

Secretary of State
Division of Business Services
312 Eighth Avenue North
6th Floor, William R. Snodgrass Tower
Nashville, Tennessee 37243

ASSIGNED WORK: 11/01/05
REQUEST NUMBER: 05305532
TELEPHONE CONTACT: (815) 741-6488

CHARTER/QUALIFICATION DATE: 08/18/2000
STATUS: ACTIVE
CORPORATE EXPIRATION DATE: PERPETUAL
CONTROL NUMBER: 0394314
JURISDICTION: TENNESSEE

TO:
CFS
8181 HWY 100
NASHVILLE, TN 37221

REQUESTED BY:
CFS
8181 HWY 100
NASHVILLE, TN 37221

CERTIFICATE OF EXISTENCE

I, RILEY C DARNELL, SECRETARY OF STATE OF THE STATE OF TENNESSEE DO HEREBY CERTIFY THAT
"SECURE PHARMACY PLUS, LLC"

A LIMITED LIABILITY COMPANY DULY FORMED UNDER THE LAW OF THIS STATE WITH DATE OF
FORMATION AND DURATION AS GIVEN ABOVE;
THAT ALL FEES, TAXES, AND PENALTIES OWED TO THIS STATE WHICH AFFECT THE
EXISTENCE OF THE LIMITED LIABILITY COMPANY HAVE BEEN PAID;
THAT THE MOST RECENT LIMITED LIABILITY ANNUAL REPORT REQUIRED HAS BEEN FILED;
THAT ARTICLES OF DISSOLUTION HAVE NOT BEEN FILED; AND
THAT ARTICLES OF TERMINATION OF THE EXISTENCE HAVE NOT BEEN FILED.

FILED
2005 NOV -3 AM 11:44
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FOR: REQUEST FOR CERTIFICATE

ON DATE: 11/01/05

FROM:
CFS
8181 HIGHWAY 100
NASHVILLE, TN 37221-0000

RECEIVED: FEES \$80.00 \$0.00
TOTAL PAYMENT RECEIVED: \$80.00

RECEIPT NUMBER: 00003817545
ACCOUNT NUMBER: 00101230



Riley C. Darnell

RILEY C. DARNELL
SECRETARY OF STATE