

MD6000002330

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

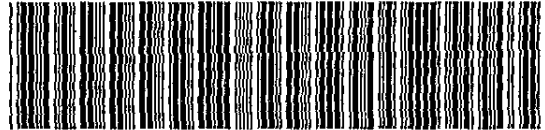
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200070370782

04/21/06--01032--012 **130.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 APR 21 PM 2:04

J. BRYAN APR 25 2006

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ATLANTIC PRESCRIPTION SERVICE 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:

ERIC HART

(Name of Person)

APS

(Firm/Company)

115 W. 6TH STREET

(Address)

WAHOO, NE 68066

(City/State and Zip Code)

FILED STATE
SECRETARY OF CORPORATIONS
06 APR 21 PM 2:04

For further information concerning this matter, please call:

ERIC HART

(Name of Person)

at (402) 443-3556

(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

**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. ATLANTIC PRESCRIPTION SERVICE LLC
(Name of Foreign Limited Liability Company)

2. NEBRASKA 3. _____
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 10/04/2006 5. PERPETUAL
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")

6. 05/01/2006
(Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

7. 115 W 6TH STREET
WAHOO, NE 68066
(Street Address of Principal Office)

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

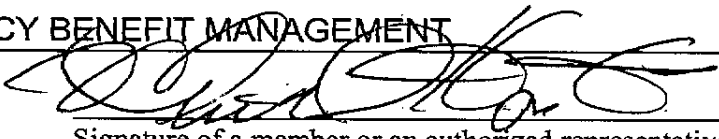
9. The name and usual business addresses of the managing members or managers are as follows:

ERIC HART 115 W 6TH STREET WAHOO, NE 68066

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: _____

PHARMACY BENEFIT MANAGEMENT


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.)

ERIC D HART

Typed or printed name of signee

FILED STATE
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
06 APR 21 PM 2:04

**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:

ATLANTIC PRESCRIPTION SERVICE LLC

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

JAY SHAFFER

(Name)

205 East Central Blvd, Suite 301

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

Orlando

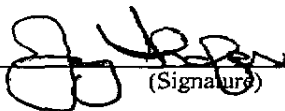
FL

32801

City/State/Zip

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 APR 21 PM 2:04

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.

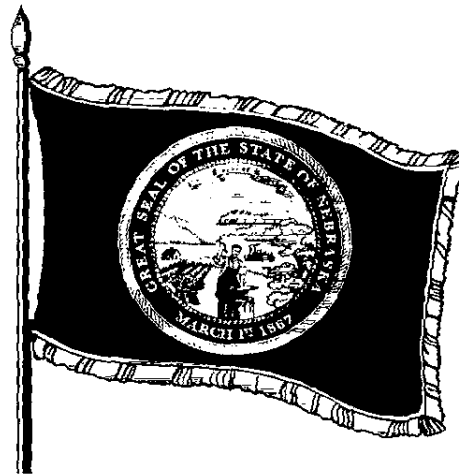

(Signature)

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

STATE OF

NEBRASKA

United States of America,
State of Nebraska } ss.



Department of State
Lincoln, Nebraska

I, John A. Gale, Secretary of State of Nebraska do hereby certify;


ATLANTIC PRESCRIPTION SERVICE LLC

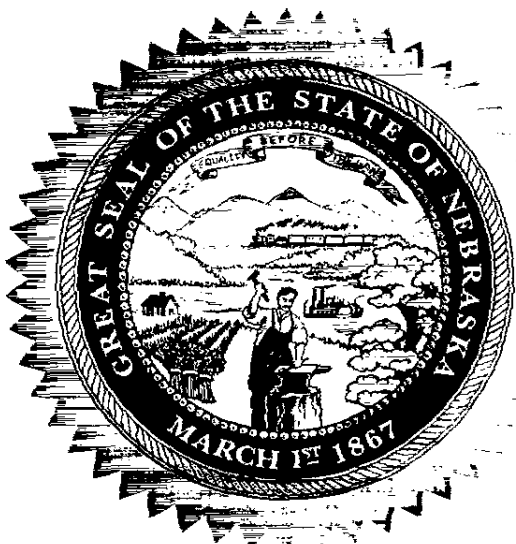
with its registered office located in WAHOO, Nebraska, filed Articles of Organization in this office on October 4, 2005.

I further certify that said limited liability company is in existence as of this date.

In Testimony Whereof,

I have hereunto set my hand and
affixed the Great Seal of the State
of Nebraska on March 27, 2006.


SECRETARY OF STATE



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 APR 21 PM 2:04