

MO6 00000 2418

(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



000069898420

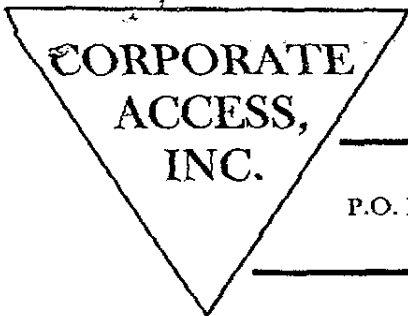
06 APR 28 PM 4:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

05/01/06--01001--007 \*\*125.00

RECEIVED  
06 APR 28 PM 3:00  
DIVISION OF CONSTRUCTION

4/28  
[Signature]



"When you need ACCESS to the world"

236 East 6th Avenue . Tallahassee, Florida 32303  
P.O. Box 37066 (32315-7066) (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666

WALK IN

PICK UP:

4/28/06 *Alma*

☐ CERTIFIED COPY

☒ PHOTOCOPY

☐ CUS

☒ FILING

FILED  
06 APR 28 PM 4:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LLC

1.

Guardian Pharmacy of Pompano Beach,  
(CORPORATE NAME AND DOCUMENT #) LLC

2.

(CORPORATE NAME AND DOCUMENT #)

3.

(CORPORATE NAME AND DOCUMENT #)

4.

(CORPORATE NAME AND DOCUMENT #)

5.

(CORPORATE NAME AND DOCUMENT #)

6.

(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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. Guardian Pharmacy of Pompano Beach, LLC  
(Name of Foreign Limited Liability Company)
2. Georgia  
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 20-4751808  
(FEI number, if applicable)
4. \_\_\_\_\_  
(Date of Organization)
5. perpetual  
(Duration: Year limited liability company will cease to exist or "perpetual")
6. upon qualification  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 608.501 & 608.502 F.S. to determine penalty liability)
7. 1776 Peachtree Road, South Tower, Suite 310  
Atlanta, Georgia 30309  
(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:  
Fred P. Burke, 1776 Peachtree Road, South Tower, Suite 310, Atlanta, Georgia 30309  
David K. Morris, 1776 Peachtree Road, South Tower, Suite 310, Atlanta, Georgia 30309  
G. Kendall Forbes, 1776 Peachtree Road, South Tower, Suite 310, Atlanta, Georgia 30309
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 and health-  
care related services

Guardian Pharmacy, LLC, Member

By: 

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.)

David K. Morris, Executive Vice President, CFO and Secretary

Typed or printed name of signee

FILED  
06 APR 28 PM 4:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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:

Guardian Pharmacy of Pompano Beach, LLC

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

NRAI Services, Inc.

(Name)

2731 Executive Park Drive, Suite 4

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

Weston

FL 33331

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.*

NRAI Services, Inc.

By: Charles Coyle

(Signature)

Charles Coyle - Asst. Secy.

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

FILED  
APR 28 PM 4:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# Secretary of State

Corporations Division

315 West Tower

#2 Martin Luther King, Jr. Dr.

Atlanta, Georgia 30334-1530

CONTROL NUMBER : 0632356  
DATE INC/AUTH/FILED: 04/26/2006  
JURISDICTION : GEORGIA  
PRINT DATE : 04/27/2006  
FORM NUMBER : 211

JONES DAY  
KRISTEN PEREZ  
1420 PEACHTREE ST., NE  
SUITE 800  
ATLANTA, GA 30309

## CERTIFICATE OF EXISTENCE

I, Cathy Cox, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that as of the above print date

### GUARDIAN PHARMACY OF POMPANO BEACH, LLC A GEORGIA LIMITED LIABILITY COMPANY

is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated.

Said entity was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date and has not filed articles of dissolution, certificate of cancellation or any other similar document with the Office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the print date above. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This information is electronically transmitted, issued and certified in accordance with the Georgia Electronic Records and Signatures Act and Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

200604271946032551



A handwritten signature in black ink, appearing to read 'Cathy Cox', is written over a horizontal line.

Cathy Cox  
Secretary of State