## Florida Department of State

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- In the State of the State of

## FLORIDA/FOREIGN LIMITED LIABILITY CO.

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SECHEMAN OF STATE
ALLAHASSEE, FLORIDA

## DayaScripts Pharmacy, LLC

Certificate of Status	0
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A. LUNT LAMINES

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

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREKEN LIMITED LIABILITY COMPANY TOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

1.	DayaScripts Pharmacy, LLC	
	(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C." or "LLC.")	
co	I name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the unsent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liabili ompany," "L.L.C.," "LLC.")	
-	Delaware  [Ourisdiction under the law of which foreign limited liability company is organized)  [Delaware 3. 26 - 3120986 [PEI number, if applicable]	
4.	7/31/2008  (Date of Organization)  5	200 <b>0 E</b>
6.	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	
<b>7</b> .	7700 Congress Ave, Suite 1111, Boca Raton, Florida 33487	<b>X</b>
	(Street Address of Principal Office)	 0
8.	If limited liability company is a manager-managed company, check here X	
9.	The name and usual business addresses of the managing members or managers are as follows:	
	William McMillen, 7700 Congress Ave, Suite 1111, Boca Raton, Florida 33487	
thx	<ol> <li>Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having oustody of recognistic or under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a relation of the certificate under outh of the translator must be submitted.)</li> </ol>	ards in
11	1. Nature of business or purposes to be conducted or promoted in Florida:	
	All lawful business	
	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.)	
	William McMillen	
	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.

The name     DayaScripts Pi	of the Limited Liability	Company is:		
If name unava	ailable, the alternate nar	ne to be used in the s	tate of Florida is:	
2. The name	and the Florida street a	ddress of the registere	ed agent and office are:	200 SE
	Business Filings Incor	porated (Name)		2000 NOV 10 SECRETAR) FALLAHASSI
		(пшк)	,	ARY ASSE
	1203 Governors Square	e Blvd, Suite 101, reet Address (P.O. Box 1)	OT ACCOUNTABLE)	_ <u>m</u> e ≥
		leet Audress (P.O. Box P		AM II: 40 of state e. florio,
	Tallahassee	F.L. City/State/Z	32301-2960	
liability comp agent and agr relating to the	any at the place designa we to act in this capacity proper and complete pe	ted in this certificate, i c. I further agree to co erformance of my dutie	ve of process for the above I hereby accept the appol omply with the provisions es, and I am familiar with or in Chapter 608, Florida	ntment as registered of all statutes and accept the
Ma	VIII (Signature)		_	
Mark Williams	, A.V.P., Business Filings	Incorporated		

\$ 5.00 Certificate of Status (optional)

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

\$ 30.00

# Delaware

## The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "DAYASCRIPTS PHARMACY, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE NINTH DAY OF OCTOBER, A.D. 2008.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

081026091

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 6903127

DATE: 10-09-08

You may verify this cortificate online at corp. delaware.guv/authver.ahtml