# M1000002601

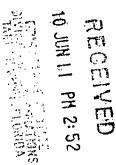
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(Add	ress)	
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(Doc	ument Number	)
Certified Copies	Certificate	s of Status
Special Instructions to Fi	lling Officer:	

Office Use Only



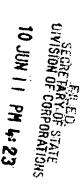
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B. KOHR
JUN 1 1 2010

EXAMINER



CORPDIRECT AGENTS, INC. (formerly CCRS) 515 EAST PARK AVENUE TALLAHASSEE, FL 32301 222-1173

FILING COVER SHEET ACCT. #FCA-14

**CONTACT:** 

Examiner's Initials

Kim Weidenbach

DATE:

06/11/10

**REF. #:** 

000466.126740

CORP. NAME: BONITA CROWN PHARMACY, LLC

( ) ARTICLES OF INCORPORATION	( ) ARTICLES OF AMENDMENT	( ) ARTICLES OF DISSOLUTION				
( ) ANNUAL REPORT	( ) TRADEMARK/SERVICE MARK	( ) FICTITIOUS NAME				
(XX ) FOREIGN QUALIFICATION	( ) LIMITED PARTNERSHIP	( ) LIMITED LIABILITY				
( ) REINSTATEMENT	( ) MERGER	( ) WITHDRAWAL				
( ) CERTIFICATE OF CANCELLATION						
( ) OTHER:						
STATE FEES PREPAID WITH CHECK# 535294 FOR \$ 155.00 AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:						
	COST LII	MIT: \$				
PLEASE RETURN:						
(XX) CERTIFIED COPY	( ) CERTIFICATE OF GOOD STAN	DING ( ) PLAIN STAMPED COPY				
( ) CERTIFICATE OF STATUS						

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

	TRANSACT BUSINESS IN FLORIDA
	COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN MITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
1.	Bonita Crown Pharmacy, LLC
	Bonita Crown Pharmacy, LLC  (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
COI	name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written asent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability mpany," "L.L.C," "LLC.")
2.	Delaware 3 01_068865
(	Jurisdiction under the law of which foreign limited liability  One of the law of which foreign limited liability  (FEI number, if applicable)
4.	5Perpetual
	(Date of Organization)  (Date of Organization)  (Duration: Year limited liability company will cease to exist or "perpetual")
6.	Upon filing
	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
7	777 S. Flagler Drive, Suite 800W
7.	777 C. Hagier Drive, Gatte Gooty
	West Palm Beach, FL 33401
	(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:
	Andrius Pranskevicius, Manager
	c/o JP Morgan Trust Co. of Delaware
	500 Stanton Christiana Road, DE3-1680, Newark DE 19713-2107
the j	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a slation of the certificate under oath of the translator must be submitted.)
11.	Nature of business or purposes to be conducted or promoted in Florida:
-	Any 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.)

Andrius Pranskevicius, 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.

Bonita Crown Pharmacy, LLC				

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) Michele Holden

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)

# Delaware

PAGE 1

#### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "BONITA CROWN 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 TWENTY-EIGHTH DAY OF MAY, A.D. 2010.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BONITA CROWN PHARMACY, LLC" WAS FORMED ON THE TWENTY-SEVENTH DAY OF MAY, A.D. 2010.

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

4829515 8300

100605932

Jeffrey W. Bullock, Secretary of State
AUTHENTYCATION: 8025301

DATE: 05-28-10

You may verify this certificate online at corp.delaware.gov/authver.shtml