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D. BRUCE

AUG 23 2010

**EXAMINER** 

#### **COVER LETTER**

TO:	egistration Section ivision of Corporations			
SUBJ	: Kerr Health, LLC			
	Name of Limited Liability Company			
Existe	ed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certis and check are submitted to register the above referenced foreign limited liability company to transact business in rn all correspondence concerning this matter to the following:			
	Kathryn R. Carroll			
	Name of Person			
	Kerr Drug, Inc.			
	Firm/Company	;		
	3220 Spring Forest Road	water con-		
	Address S	, , ,		
	Raleigh, North Carolina 27616			
	City/State and Zip Code			
	kcarroll@kerrdrug.com	,		
	E-mail address: (to be used for future annual report notification)			
For fu	information concerning this matter, please call:			
	Kathryn R. Carroll at ( 919 ) 544-3896 Ext. 157  Name of Person Area Code & Daytime Telephone Number			
	Name of Person Area Code & Daytime Telephone Number			
	AILING ADDRESS:  vision of Corporations  egistration Section  O. Box 6327  Clifton Building  allahassee, FL 32314  STREET ADDRESS:  Division of Corporations  Registration Section  Clifton Building  2661 Executive Center Circle  Tallahassee, FL 32301			
Enclo	is a check for the following amount:			
	\$125.00 Filing Fee \$\bigcup \text{\$130.00 Filing Fee & Certified Copy} \\ \text{Certified Copy} \\ \text{\$160.00 Filing Fee, Certified Copy} \\ \text{of Status & Certified Copy} \\ \ext{of Status & Certified Copy} \\ of			

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

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

1.	(Name of Foreign Limited Liability Company; must include	th, LLC "Limited Liability Company," "L.L.C.," or "LLC.")	_			
	Kerr Drug					
co	f name unavailable, enter alternate name adopted for the purpose nsent of the managers or managing members adopting the alternation of the managers or managing members adopting the alternation of the managers or managing members adopting the alternation of the managers or managing members adopting the alternation of the managers or managing members adopting the alternation of the managers or managing members adopted for the purpose of the managers or managing members adopting the alternation of the managers or managing members adopting the alternation of the managers or managing members adopting the alternation of the managers or managing members adopting the alternation of the managers or managers or managing members adopting the alternation of the managers or managing members adopting the alternation of the managers or managing members adopting the alternation of the managers or	of transacting business in Florida and attach a copy of thate name. The alternate name must include "Limited Liab	— e writter oility			
2.	North Carolina 3.  (Jurisdiction under the law of which foreign limited liability company is organized)	51-0425749 (FEI number, if applicable)	_			
4.		Perpetual  (Duration: Year limited liability company will cease to exist or "perpetual")	<del></del>			
6.	(Date first transacted business in Florid (See sections 608.501 & 608.502 F.S. to		<del>-</del>			
7.	(See sections 608.501 & 608.502 F.S. to 3220 Spring Forest Road	o determine penalty liability)				
	Raleigh, North Carolina 27616					
	(Street Address of	Principal Office)				
	If limited liability company is a manager-managed co					
9.	The name and usual business addresses of the manag	ing members or managers are as follows				
	Michael V. Brown, President	·	_			
	Rebecca W. Chater, Executive Vice-President					
	3220 Spring Forest Road; Raleigh, North Caroli	ina 27616	<del></del>			
the	Attached is an original certificate of existence, no more than 90 day jurisdiction under the law of which it is organized. (A photocopy is nslation of the certificate under oath of the translator must be submitt	s not acceptable. If the certificate is in a foreign language, a				
11	. Nature of business or purposes to be conducted or p	romoted in Florida: Dispensing via	_			
	common courier, prescription drugs shipped from	n North Carolina facility to Florida residents	<u></u> .			
	Signature of a member or an author (In accordance with section 608.408(3), F.S., an affirmation under the penalties of perjury					
	Michael V. Bro	wn, President				
	Typed or printed na	ame 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:		
	Kerr Health, LLC		
If unavailable, the a	ilternate to be used in the state of Florida is:		
	Kerr Drug, Inc.		
2. The name and th	e Florida street address of the registered agent and office are:		
	C T Corporation	_ <b>2</b>	
	(Name)	MG 20 CARTAR LAHASS	77
	1200 South Pine Island Road	20	1
	Florida Street Address (P.O. Box NOT ACCEPTABLE)		
	Plantation, Floriga 33324		0
45	City/State/Zip	<b>5</b> m -	

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.

Michael Seraphin Asst. Secretary
(Signature)

164

130

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



# NORTH CAROLINA Department of The Secretary of State

## CERTIFICATE OF EXISTENCE (Limited Liability Company)

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify that

#### KERR HEALTH, LLC

is a limited liability company duly formed under the laws of the State of North Carolina, having been formed on the 2nd day of August, 2002, with its period of duration being Perpetual.

I FURTHER certify that the said limited liability company's articles of organization are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said limited liability company is not administratively dissolved for failure to comply with the provisions of the North Carolina Limited Liability Company Act; and that the said limited liability company has not filed articles of dissolution as of this date of this certificate.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 3rd day of August, 2010.

Secretary of State

Elaine J. Marshall

Certification# 90738803-3 Reference# 10259439-db Page: 1 of 1 Verify this certificate online at www.secretary.state.nc.us/verification