

Division of Corporations

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 Florida Department of State  
 Division of Corporations  
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Email Address: nick@commcarepharmacy.com

**Foreign Limited Liability Company  
 Specialty Group Partners, LLC**

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## Facsimile Transmittal Coversheet

DATE: 10/22/2010 9:59 AM  
 FIRM/COMPANY: FL Dept of State  
 ATTENTION:  
 FACSIMILE NUMBER: 18506176383  
 OUR FILE NUMBER: 15549-0001  
 FROM: Marci Shaffer  
 NUMBER OF PAGES: 6

### MESSAGE (if any):

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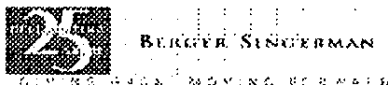
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2010 OCT 22 AM 7:23

SECRETARY OF STATE  
TREASURER, FLORIDAAPPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO  
TRANSACTION BUSINESS IN FLORIDAIN 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. Specialty Group Partners, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written  
consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability  
Company," "LLC," "LLC.")

## 2. Delaware

(Jurisdiction under the law of which foreign limited liability  
company is organized)

3. 27-3736592

(FBI number, if applicable)

## 4. 10/21/2010

(Date of Organization)

## 5. perpetual

(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. 5501 Albin Drive

Greenacres, FL 33463

(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:

Nicholas Saraniti, 5501 Albin Drive, Greenacres, FL 33463

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: consulting  
services

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. I am aware that any false information submitted in a  
document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Nicholas Saraniti, Manager

Typed or printed name of signee

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**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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:

Specialty Group Partners, LLC

If unavailable, the alternate to be used in the state of Florida is:

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

Nicholas Saraniti

(Name)

5501 Albin Drive

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

Greenacres

FL 33463

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.*

(Signature)

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

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# Delaware

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## The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SPECIALTY GROUP PARTNERS, 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-FIRST DAY OF OCTOBER, A.D. 2010.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SPECIALTY GROUP PARTNERS, LLC" WAS FORMED ON THE TWENTY-FIRST DAY OF OCTOBER, A.D. 2010.

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

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You may verify this certificate online  
at [corp.delaware.gov/authvar.shtml](http://corp.delaware.gov/authvar.shtml)



Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 8304392

DATE: 10-21-10

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