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Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : HARVARD BUSINESS SERVICES, INC.

Account Number : 120080000045 : (302)645-7400 Phone

: (302)645-1280 Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: rickifernandez@aol.com

#### Foreign Limited Liability Company Amerisource Partners LLC

Certificate of Status	1
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APR 18 2011

**EXAMINER** 

Electronic Filing Menu

Corporate Filing Menu

Help

(((H11000100361 3))).

### 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. Amerisc	ource Partners LLC  mist include "Limited Liability Company," "L.L.C.,"	or 'LLC')
(Mane of Foreign Entition Floring Company, in	and metade balance damany company,	
(If name unavailable, enter alternate name adopted for the consent of the managers or managing members adopting Company, "L.I., C," "LLC,")	lie purpose of immacting business in Florida and an g the alternate name. The alternate name must include	tach a copy of the written de "Linned Liability
2. Delaware	3.	
Delaware  (Jurisdiction under the law of which foreign limited li- company is organized)	ability (FEI number, if applicab	ic)
4. April 12, 2011 (Date of Organization)	5. perpetual (Direction: Year limited liability comp	<b>₹ ₽</b>
(Date of Organization)	(Duration: Year limited liability comp	any mathematicase to
	exist or "perpetual")	A CR
6. No business transacted in Florida prior	to registration	AET R
	ess in Florida, if prior to registration.) 302 F.S. to determine penalty hability)	RIS RHASSEE
	,	EGO - F
7. 14201 Old Culler Road		· · · · · · · · · · · · · · · · · · ·
Palmetto Bay, FL 33158		STA
(Street	Address of Principal Office)	om 🚐
		>
8. If limited liability company is a manager-m	anaged company, check here	
9. The name and usual business addresses of the	he managing members or managers are as f	ollows:
. ,		
Ricardo J. Fernandez, Managing Memi	per '	
14201 Old Cutter Road		
Palmetto Bay, FL 33158	na de anton e me e e monte en man en combonho a de altra del adalestado e de se es es en es e en en en e e e e	
10. Attached is an original certificate of existence, no more the jurisdiction under the law of which it is organized. (A paranslation of the certificate under eath of the translator must	photocopy is not acceptable. If the certificate is in a for at be submitted.)	ાંણા ક્ષિત્રુપાત્રફુટ, ત
11. Nature of business or purposes to be condu	ucted or promoted in Florida:	
An <sup>,</sup>	y legal purpose	
	<b>*</b>	
(In accordance with section 608.	of an authorized representative of a member 408(3), F.S., the execution of this document constitutes ics of perjury that the facts stated herein are true.)	t.
Ricardo J. Fo	ernandez, Managing Member	
	printed name of signee	and the second second
-	('('H11)	000100361 3)))

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## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 of 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.

I. The name of	f the Limited Liability Company is:	
	Ameriscurce Partners LLC	
If unavailable,	the alternate to be used in the state of Florida is:	
2. The name ar	ed the Florida street address of the registered agent and office are:	2011 MR 15 SECRETAR
	Ricardo J. Fernandez	우리 👅
	(Namé)	TARY TARY
	14201 Old Cutler Road	<u> </u>
	Florida Street Address (P.O. Box NOT ACCEPTABLE)	STATE FLORIDA
	Palmetto Bay, FL 33158	Qm =
	City/State/Zip	_
Hability comparagent and agree relating to the p	med as registered agent and to accept service of process for the above stary at the place designated in this certificate. I hereby accept the appointment to act in this capacity. I further agree to comply with the provisions of a roper and complete performance of my duties, and I am familiar with and y position as registered agent as provided for in Chapter 608, Florida Stars (Signature)	em as registered Il statutes Laccept the

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

(((H11000100361 3)))

# Delaware

PAGE 1

#### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AMERISOURCE 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 FIFTEENTH DAY OF APRIL, A.D. 2011.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID LIMITED LIABILITY COMPANY IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AMERISOURCE PARTNERS LLC" WAS FORMED ON THE TWELFTH DAY OF APRIL, A.D. 2011

SECRETARY OF STATE

SALLAHASSEE, FLORIDA

4967743 8300

110419246



AUTHENTICATION: 8696270

DATE: 04-15-11

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