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CONCEPTION PHARMACY LLC

TYPE OF FILING: APPLICAITON BY FOREIGN LLC TO TRANSACT

BUSINESS IN FLORIDA

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TO: Registration Section Division of Corporations		
SUBJECT: Conception Pharmacy,	LLC	
Nan	ne of Limited Liability Company	
	ility Company for Authorization to Transact Business in Florida," Coove referenced foreign limited liability company to transact busines	
Please return all correspondence concerning this ma	tter to the following:	
Margaret Alexander		
	Name of Person	
		•
Bass, Berry & Sims PLC		
	Pirm/Company	
150 3rd Avenue South S	te 2800	
	Address	
Nashville, TN 37201		
	City/State and Zip Code	
THermann@metromed	dical.com be used for future annual report notification)	
·	,	
For further information concerning this matter, pleas	e call:	
Margaret Alexander	at (615) 259-6721	. 00.3
Name of Person	Area Code & Daytime Telephone Number	(C)
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327	Area Code & Daytime Telephone Number STREET ADDRESS: Division of Corporations Registration Section Clifton Building	S ## 9:
Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, PL 32301	55
Enclosed is a check for the following amour \$125.00 Filing Fee Certificate of State	& \$155.00 Filing Fee & \$160.00 Filing Fee, Certificate	

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:

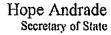
1. Conception Pharmacy, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or	"LLC.")
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach consent of the managers or managing members adopting the alternate name. The alternate name must include "Company," "L.L.C," "LLC.")	
2. Texas (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable)	
4. June 9, 2011 (Date of Organization) 5. perpetual (Duration: Year limited liability company exist or "perpetual")	will cease to
6. upon qualification (Date first transacted business in Plorida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	
7. 610 Lawrence Street	
Tomball Texas 77375 (Street Address of Principal Office)	
8. If limited liability company is a manager-managed company, check here 🗹	12
9. The name and usual business addresses of the managing members or managers are as foll	ows:
Ghassan F. Haddad 610 Lawrence Street, Tomball , TX 77375	<i>[c</i> − 1 − ∞ − 1 − ∞ − 1 − ∞ − 1 − ∞ − 1 − ∞ − 1 − ∞ − 1 − ∞ − 1 − ∞ − 1 − ∞ − 1 − ∞ − 1 − ∞ − 1 − ∞ − 1 − ∞ − 1 − ∞ − 1 − ∞ − 1 − ∞ − ∞
Inderbir S. Giil 610 Lawrence Street, Tomball , TX 77375	22
	<u> </u>
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign 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:	· · · · · · · · · · · · · · · · · · ·
fertility pharmacy	·
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 un penalties of perjury that the facts stated herein are true. I am aware that any false information submit document to the Department of State constitutes a third degree felony as provided for in s.817	itted in a
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.

1. The name of the Limited Liability Company is:	
Conception Pharmacy, 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:	
NRAI Services, Inc.	
(Name)	
ar · · · · · ·	7
515 East Park Avenue	g
Florida Street Address (P.O. Box NOT ACCEPTABLE)	
·	- co
Tallahassee : Et 32301	77
City/State/Zip	
	<u>်</u> ဟွ
YY. 1. 5	ಹ
Having been named as registered agent and to accept service of process for the above liability company at the place designated in this certificate, I hereby accept the appoin	
agent and agree to act in this capacity. I further agree to comply with the provisions of	_
relating to the proper and complete performance of my duties, and I am familiar with a	•
obligations of my position as registered agent as provided for in Chapter 608, Florida	-
NRA! Services, Inc.	
By: The Chadetall	
(Signature)	
Eileen Chaddock, Special Asst. Secretary	
¢ 100 00 Piling Pop Con A pulling	
\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent	
\$ 30.00 Certified Copy (optional)	
\$ 5.00 Certificate of Status (optional)	

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697





Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Conception Pharmacy, LLC (file number 801437292), a Domestic Limited Liability Company (LLC), was filed in this office on June 09, 2011.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on October 08, 2012.

THE OF XY

Phone: (512) 463-5555

Prepared by: SOS-WEB

Hope Andrade Secretary of State

Come visit us on the internet at http://www.sos.state.tx.us/ Fax: (512) 463-5709

TID: 10264