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C. LEWIS  
Oct 12 2012  
EXAMINER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 24, 2012

MARY LITTLEJOHN-GARBER / CRS LICENSING, LLC  
1959 MEADOW LANE  
WYOMISSING, PA 19610

SUBJECT: PHARMASTAR LLC  
Ref. Number: W12000048968

We have received your document for PHARMASTAR LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Carolyn Lewis  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 112A00023798

## CRS Licensing, LLC

*Licensing. It's what we do.*



1959 Meadow Lane  
Wyomissing, PA 19610

Phone: (610) 741-6315

Fax: (610) 741-6318

E-mail: [mlittlejohn1959@comcast.net](mailto:mlittlejohn1959@comcast.net)

September 17, 2012

Registration Section  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

Re: Application for Certificate of Authority for a Foreign LLC

Dear Corporate Records Administrator:

Enclosed please find a completed application submitted by PharmaStar LLC, requesting a Certificate of Authority to transact business in Florida. The following documents are enclosed with the application:

- Check in the amount of \$160
- Certificate of Existence from WI – Please Note, this is an original good standing. Wisconsin sends them via fax.
- One original and one copy of the application

PharmaStar LLC authorizes CRS Licensing, LLC to represent its company and to correspond directly with your department on its behalf.

Please direct any correspondence regarding the enclosed application to me at the address above.

Thank you in advance for your consideration of this application.

Sincerely,

A handwritten signature in cursive script that reads "Mary Littlejohn-Garber".

Mary Littlejohn-Garber

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PharmaStar LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Mary Littlejohn-Garber

Name of Person

CRS Licensing, LLC

Firm/Company

1959 Meadow Lane

Address

Wyomissing, PA 19610

City/State and Zip Code

btanner@pharmastarphm.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mary Littlejohn-Garber

Name of Person

at 610

741-6315

Area Code & Daytime Telephone Number

**MAILING ADDRESS:**

Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**

Division of Corporations  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy

☒ \$160.00 Filing Fee, Certificate  
of Status & Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO  
TRANSACTION BUSINESS IN FLORIDA**

*IN 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. PharmaStar 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 a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.")

2. Wisconsin

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

3. 39-1421524

(FEI number, if applicable)

4. 02/14/2000

(Date of Organization)

5. Perpetual

(Duration: Year limited liability company will cease to exist or "perpetual")

6. Upon qualification

(Date first transacted business in Florida, if prior to registration.)  
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

7. 2503 N. Hillcrest Parkway

Altoona, WI 54720

(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:

Peter Farrow, 2503 N. Hillcrest Parkway, Altoona, WI 54720

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: \_\_\_\_\_

The transaction of all lawful business permitted under the laws of Florida.

  
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.)

Peter Farrow, Manager

Typed or printed name of signee

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**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:

PharmaStar 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)

515 East Park Avenue

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

Tallahassee

FL 32301

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.*

NRAI Services, Inc.

By: Matt Thompson Matt Thompson, Assistant Secretary  
(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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STATE  
SECRETARY OF CORPORATION  
DIVISION  
2012 OCT 11 PM 3:29

FGN  
180 181 183

United States of America  
State of Wisconsin



DEPARTMENT OF FINANCIAL INSTITUTIONS

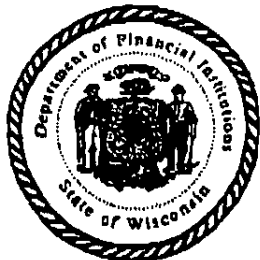
To All to Whom These Presents Shall Come, Greeting:

I, PAUL M. HOLZEM, Administrator, Division of Corporate and Consumer Services, do hereby certify that

PHARMASTAR LLC

is a foreign corporation or foreign limited liability company authorized or registered to transact business in Wisconsin and that its date of qualification or registration is February 15, 2000.

I further certify that said organization has, within its most recently completed report year, filed an annual report required under ss. 180.1622, 181.1622 or 183.0120, Wis. Stats.; that it has not applied for a certificate of withdrawal under ss. 180.1520, 181.1520 or 183.1011, Wis. Stats.; and that it is not the subject of a proceeding under ss. 180.1531, 181.1531 or 183.1021, Wis. Stats., to revoke its certificate of authority or registration.



IN TESTIMONY WHEREOF, I have  
hereunto set my hand and affixed the official seal  
of the Department on September 17, 2012.

*Paul M. Holzem*

PAUL M. HOLZEM, Administrator  
Division of Corporate and Consumer Services  
Department of Financial Institutions

BY: *Paul M. Holzem*

Effective July 1, 1996, the Department of Financial Institutions assumed the functions previously performed by the Corporations Division of the Secretary of State and is the successor custodian of corporate records formerly held by the Secretary of State.