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(Requestor's Name)

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(City/State/Zip/Phone #)

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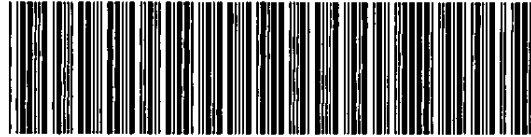
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

J. BRYAN

NOV 14 2012

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Advantage Pharmacy, 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:

Glenn Doyle Beach, Jr.

Name of Person

Advantage Pharmacy, LLC

Firm/Company

6375 US Hwy 98W, Suite 50

Address

Hattiesburg, MS 39402

City/State and Zip Code

doylebeach@gmail.com

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

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Glenn Doyle Beach, Jr.

Name of Person

at (601)

268-1422

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. Advantage 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 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. Mississippi

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

3. 26-2571682

(FEI number, if applicable)

4. 07/08/2008

(Date of Organization)

5. ongoing

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

6. 11/05/2012

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

7. 6375 US Hwy 98W, Suite 50

Hattiesburg, MS 39402

(Street Address of Principal Office)

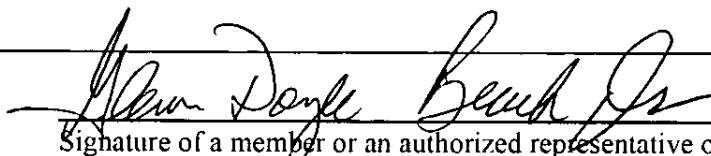
8. If limited liability company is a manager-managed company, check here ☒

9. The name and usual business addresses of the managing members or managers are as follows:

See attached listing all owners.

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: Mail order 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 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.)

Glenn Doyle Beach, Jr.

Typed or printed name of signee

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ADVANTAGE PHARMACY, LLC

6375 US HWY 98 W, SUITE 50,

HATTIESBURG, MS 39402

601-268-1422

FAX 601-268-1424

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CORPORATE OWNERS

<u>Name</u>	<u>Title</u>	<u>% of Ownership</u>	<u>Address</u>
Todd Nace	TREASURER	35%	10 Summer pl, Hattiesburg, MS 39402
Joele Smith	SECRETARY	35%	321 Steadman rd, Hattiesburg, MS 39402
Glenn Doyle Beach, JR. Man Partner	PRESIDENT	10%	755 Scruggs Rd, Sumrall, MS 39482
Todd Lane	OTHER CORP OFFICER	10%	200 Long ST, Picayune, MS 39466
Jason May	VICE PRESIDENT	10%	44 Morrell circle, Hattiesburg, MS 39402

Business address, Phone, and Fax listed above.

**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:

Advantage 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:

CT Corporation System
(Name)

1200 S. Pine Island Road
Florida Street Address (P.O. Box **NOT** ACCEPTABLE)

Plantation FL 33324
City/State/Zip

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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.

Bernadette McNamara
(Signature) Assistant Secretary

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

State of Mississippi

Office of the Secretary of State
C. Delbert Hosemann, Jr., Secretary of State
Jackson, Mississippi

CERTIFICATE

I, C. DELBERT HOSEMAN, JR., Secretary of State of the State of Mississippi, and as such the legal custodian of the records as required by The Mississippi Limited Liability Company Act to be filed in my office do hereby certify that:

ADVANTAGE PHARMACY, LLC

Formed May 8, 2008

A Mississippi Limited Liability Company has filed the necessary documents in this office and has obtained a certificate of formation under the provisions of The Mississippi Limited Liability Company Act as shown by the records in this office.

That the registered office of said Limited Liability Company is located at:

6614 U.S HIGHWAY 98 EAST, SUITE B
HATTIESBURG MS 39401

and that the registered agent at that address is:

BEACH, DOYLE

I further certify that said Limited Liability Company has paid the fees for filing the above papers required by law as shown by the records of this office and that said Limited Liability Company is in good standing to do business in Mississippi at this time.



Given under my hand
and seal of office
November 8, 2012

A handwritten signature in cursive script that reads "C. Delbert Hosemann, Jr.".

C. Delbert Hosemann, Jr.
Secretary of State