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TALLAHASSEE, FLORIDA

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: **FPR SPECIALTY 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:

**MARY BETH BROWN**

Name of Person

**FPR SPECIALTY PHARMACY, LLC**

Firm/Company

**7910 C RAE BLVD**

Address

**VICTOR, NY 14564**

City/State and Zip Code

**MBROWN@RXFPR.COM**

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

For further information concerning this matter, please call:

**MARY BETH BROWN** at **(877) 648-1951**

Name of Person

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

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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. FPR SPECIALTY PHARMACY, LLC

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

NA

(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. NEW YORK

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

3. 30-0750448

(FEI number, if applicable)

4. 8/2/2012

(Date of Organization)

5. PERPETUAL

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

6. 8/1/13

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

7. 7910 C RAE BLVD.

VICTOR, NEW YORK 14564

(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:

WILLIAM RUE 7910C RAE BLVD., VICTOR, NY 14564

CHRISTOPHER CASEY 7910C RAE BLVD., VICTOR, NY 14564

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:

SHIP COMPOUND PAIN CREAM PRESCRIBED BY MD'S TO THEIR

PATIENTS AS PER MSP-79J GUIDELINES FOR NON STERILE PREPARATIONS

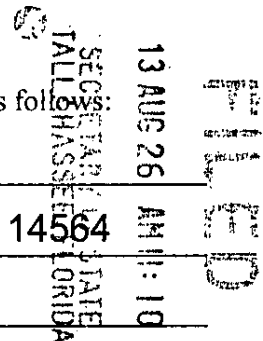
Christopher K. Casey

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.)

Christopher K. Casey

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:

**FPR SPECIALTY PHARMACY, LLC**

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

NA

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

**CT CORPORATION**

(Name)

**1200 SOUTH PINE ISLAND RD.**

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

**PLANTATION FL 33324**

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)

VickiAnn Owens  
Special 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)

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TALLAHASSEE, FLORIDA

**State of New York**  
**Department of State** } ss:

I hereby certify, that FPR SPECIALTY PHARMACY, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 08/02/2012, and that the Limited Liability Company is existing so far as shown by the records of the Department.



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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

\*\*\*

WITNESS my hand and the official seal  
of the Department of State at the City of  
Albany, this 07th day of August two  
thousand and thirteen.

*Anthony Giardina*

Executive Deputy Secretary of State