

M 14000005248

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500261747845

07/11/14--01017--021 **130.00

14 JUL 24 PM 2:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

GRH
7/24/14

i-111000042467

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Senior Care Consultant Group L.L.C.

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:

Dan Pittman

Name of Person

Guardian Pharmacy, LLC

Firm/Company

1776 Peachtree Rd NW, Suite 500S

Address

Atlanta, GA 30309

City/State and Zip Code

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

For further information concerning this matter, please call:

Dan Pittman

Name of Contact Person

at ()

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



July 22, 2014

Via 2-Day Delivery

Division of Corporations, Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301
Attn: Elliott R. McCaskill, Registration Specialist II

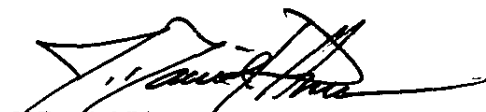
**RE: Senior Care Consultant Group L.L.C.
Ref. Number: W14000042862**

Dear Mr. McCaskill:

I am in receipt of your enclosed letter dated July 11, 2014 (Letter Number: 314A00015009). Accordingly, I have enclosed an additional consent letter from Senior Care Consultant Group, Inc., a Florida corporation, consenting to the use of the name "Senior Care Consultant Group." I have also enclosed our original Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida.

Should you require anything further to process the above application, please contact me by telephone at 404-554-1638 or by email at dan.pittman@guardianpharmacy.net.

Very truly yours,


J. Daniel Pittman
Manager, Legal & Business Services

Enclosures

FILED
14 JUL 24 PM 2:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

July 18, 2014

Via Overnight Delivery

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

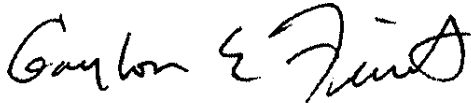
RE: Consent to Registration and Use of Indistinguishable Name

Dear Sir or Madam:

Pursuant to Fla. Stat. § 608.406(2), Senior Care Consultant Group, Inc., a Florida corporation, hereby consents to the registration and use in Florida of the indistinguishable name "Senior Care Consultant Group L.L.C." by Senior Care Consultant Group L.L.C., a Georgia limited liability company.

Very truly yours,

SENIOR CARE CONSULTANT GROUP, INC.



Gaylon E. Fruit
President

FILED
14 JUL 24 PM 2:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 11, 2014

DAN PITTMAN
1776 PEACHTREE RD NW, SUITE 500S
ATLANTA, GA 30309

SUBJECT: SENIOR CARE CONSULTANT GROUP L.L.C
Ref. Number: W14000042862

We have received your document for SENIOR CARE CONSULTANT GROUP L.L.C and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.," also are no longer acceptable.

Please return 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.

Elliott R McCaskill
Registration Specialist II

Letter Number: 314A00015009

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 JUL 24 PM 2:58

FILED

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

*IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A
FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:*

1. Senior Care Consultant Group L.L.C.

(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. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Georgia

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

3. 37-1757567

(FEI number, if applicable)

4. _____

(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 2522 Capital Circle, NE, Suite 10

Tallahassee, FL 32308

(Street Address of Principal Office)

6. 2522 Capital Circle, NE, Suite 10

Tallahassee, FL 32308

(Mailing Address)

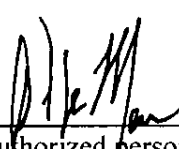
14 JUL 24 PM 2:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Gaylon E. Fruit, Manager, 2522 Capital Circle, NE, Suite 10, Tallahassee, FL 32308

8. 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)



Signature of an authorized person

(In accordance with section 605.0203, 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.)

David K. Morris

Typed or printed name of signee

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), 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:

Senior Care Consultant Group L.L.C.

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)

1200 South Pine Island Road

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

Plantation

FL


33324

City/State/Zip

FILED
14 JUL 24 PM 2:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 605, Florida Statutes.

NRAI Services, Inc.



Charles Coyle

(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 GEORGIA

Secretary of State
Corporations Division
313 West Tower
#2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

CONTROL NUMBER : 14047552
DATE INC/AUTH/FILED : May 08, 2014
JURISDICTION : Georgia
PRINT DATE : July 09, 2014

CERTIFICATE OF EXISTENCE

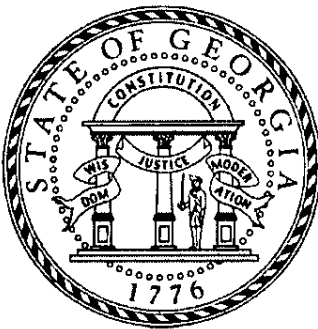
I, Brian P. Kemp, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

SENIOR CARE CONSULTANT GROUP L.L.C.
A Domestic Limited Liability Company

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



B: P. Kemp

Brian P. Kemp
Secretary of State

FILED
14 JUL 24 PM 2:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Tracking #: kroMIEjg