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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

N. Culligan AUG 28 2014

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Pharmacy Communications, 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:

JOSEPH BRIAN OLIVER  
Name of Person

Pharmacy Communications, LLC  
Firm/Company

12 Pine Lily Circle  
Address

Santa Rosa Beach, FL 32459  
City/State and Zip Code

jbrianoliver@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOSEPH BRIAN OLIVER at (905) 246-3012  
Name of Contact 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

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 18, 2014

JOSEPH BRIAN OLIVER  
12 PINE LILY CIRCLE  
SANTA ROSA BEACH, FL 32459

SUBJECT: PHARMACY COMMUNICATIONS, LLC  
Ref. Number: W14000050339

We have received your document for PHARMACY COMMUNICATIONS, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

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.

Neysa Culligan  
Regulatory Specialist II

Letter Number: 714A00017677

*faxing  
day*

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 TRANSACTIONS BUSINESS IN THE STATE OF FLORIDA:

1. Pharmacy Communications, LLC.

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

2. Louisiana

3. 27-1291734

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

(FBI number, if applicable)

4. UPON QUALIFICATION

(Once first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0903, F.S. to determine penalty liability)

5. 12 PINE LILY CIRCLE

SANTA ROSA BEACH FL 32459

(Street Address of Principal Office)

6. (Same)

(Mailing Address)

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

JOSEPH BRIAN OLIVER, MGR, 12 PINE LILY CIRCLE, SANTA ROSA BEACH, FL 32459  
PATRICK GEOS, AP, 451 RIVER HIGHLAND BLVD, SUITE A, CORVATON, LA 70433

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)

J. Oliver  
Signature of an authorized person

(In accordance with section 605.0303, 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.)

JOSEPH BRIAN OLIVER

Typed or printed name of signer

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2014 AUG 28 PM 3:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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:

Pharmacy Communications, 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:

JOSEPH BRIAN OLIVER  
(Name)

12 PINE LILY CIRCLE  
Florida Street Address (P.O. Box NOT ACCEPTABLE)

SANTA ROSA BEACH, FL 32459  
City/State/Zip

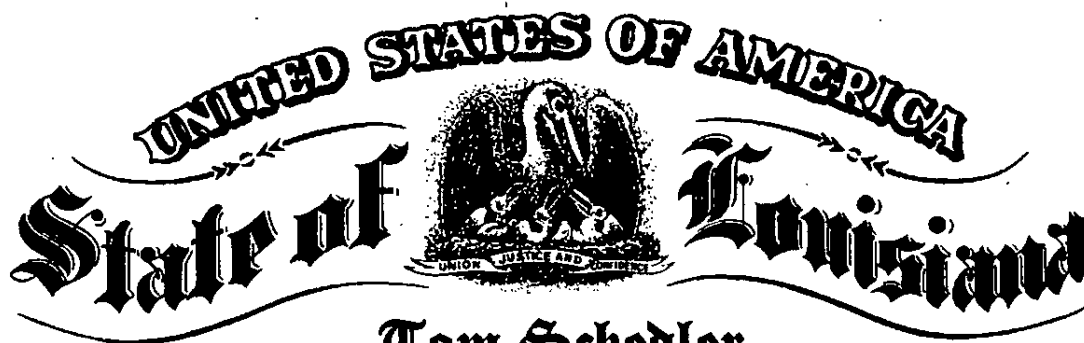
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TALLAHASSEE, FLORIDA

*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.*

J. Oliver

(Signature)

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



**Tom Schedler**

**SECRETARY OF STATE**

*As Secretary of State of the State of Louisiana I do hereby Certify that*

the Articles of Organization of

**PHARMACY COMMUNICATIONS, LLC**

Domiciled at BATON ROUGE, LOUISIANA,

Were filed in this Office and a Certificate of Organization was issued on October 13, 2009,

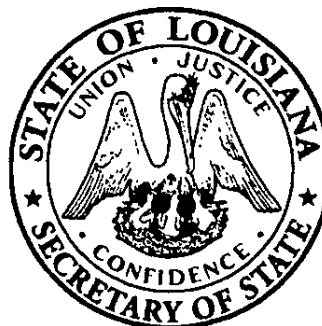
I further certify that no Certificate of Dissolution has been issued.

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

August 12, 2014

*Secretary of State*

Web 40027097K



Certificate ID: 10517848#83P83

To validate this certificate, visit the following web site, go to **Commercial Division, Certificate Validation**, then follow the instructions displayed.  
[www.sos.louisiana.gov](http://www.sos.louisiana.gov)