

M150000606

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

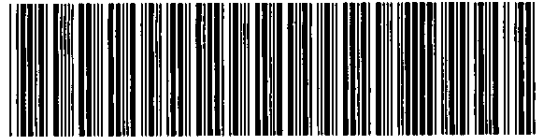
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W15-51603

Office Use Only



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FILED
15 JUL 29 AM 10:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
15 JUL 29 AM 10:58
DIVISION OF CORPORATIONS

AUG 03 2015
S. YOUNG



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 30, 2015

CORPORATION SERVICE COMPANY

RESUBMIT

Please give original
submission date as file date.

SUBJECT: PHARMACENTER LLC
Ref. Number: W15000051603

We have received your document for PHARMACENTER 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 name designated in your document is unavailable since it is the same as one already on file. It is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

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.

Shelia H Young
Regulatory Specialist II

Letter Number: 615A00016005

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15 JUL 31 PM 1:53
DIVISION OF CORPORATIONS

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 724836 4611296

AUTHORIZATION :

COST LIMIT : \$ 160.00

ORDER DATE : July 28, 2015

ORDER TIME : 1:23 PM

ORDER NO. : 724836-005

CUSTOMER NO: 4611296

FOREIGN FILINGS

NAME: PHARMACENTER LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
 PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER: _____

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15 JUL 29 AM 10:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

July 27, 2015

Florida Department of State
Division of Corporations
Corporate Filings
P. O. Box 6327
Tallahassee, Florida 32314

Re: Use of Name

Gentlemen:

We understand that PharmaCenter LLC, a Delaware limited liability company, has attempted to register to do business in the State of Florida and that its application was rejected due to the similarity to our name. We are in the process of certain of our assets and the business we conduct in Florida to PharmaCenter LLC, and hereby consent to its use of a name similar to ours and request that you approve its Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida.

Sincerely,

PHARMACENTER CORP.

By: 

PRESIDENT

JOSE. G. GOMEZ

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15 JUL 29 AM 10:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PharmaCenter 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:

Mario Medri

Name of Person

PharmaCenter LLC

Firm/Company

15851 SW 41st Street, Suite 300

Address

Davic, FL 33331

City/State and Zip Code

mmedri@cpcorpusa.com

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

For further information concerning this matter, please call:

Vincent McGill

Name of Contact Person

at (212)

Area Code

561-3604

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

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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

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

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

2. Delaware 3. 47-4545510
(Jurisdiction under the law of which foreign limited liability (FEL number, if applicable)
company is organized)

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

5. 15851 SW 41st Street, Suite 300
Davie, FL 33331
(Street Address of Principal Office)

6. 15851 SW 41st Street, Suite 300
Davie, FL 33331
(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

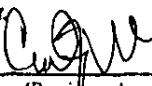
Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301 Leon County
(City) (Zip code)

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in
this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept
the obligations of my position as registered agent.



(Registered agent's signature)

Courtney Williams
Asst. Vice President

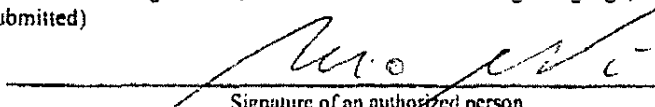
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Mario Medri, Member, Manager and President

15851 SW 41st Street, Suite 300

Davie, FL 33331

9. Attached is a 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. (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

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

Mario Medri

Typed or printed name of signer

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PHARMACENTER LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-EIGHTH DAY OF JULY, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PHARMACENTER LLC" WAS FORMED ON THE THIRTEENTH DAY OF JULY, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

FILED
15 JUL 29 AM 10:19
SECRETARY OF STATE
TREASURER
DELAWARE

5783741 8300

151099340



You may verify this certificate online
at corp.delaware.gov/authver.shtml


Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 2593217

DATE: 07-28-15