

W15000008231

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

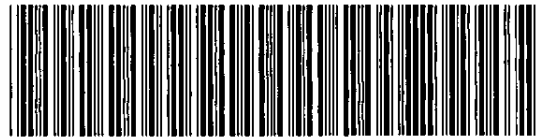
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W15-67143 comment

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RECEIVED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
2015 OCT -8 AM 8:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
OCT 15 2015

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302

155 Office Plaza Dr Ste A Tallahassee FL 32301

PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 10/8/15

NAME: FORD'S PHARMACY, LLC

TYPE OF FILING: APPLICATION

COST: 155.00

RETURN: CERTIFIED COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

Attodye



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 9, 2015

FLORIDA FILING & SEARCH SERVICES, INC.

SUBJECT: FORD'S PHARMACY, LLC
Ref. Number: W15000067143

RECEIVED
15 OCT 14 PM 12:15
TO: ASST. DIR. OF FILING
SUP. DIV. OF FILING

We have received your document for FORD'S PHARMACY, LLC and your check(s) totaling \$. 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 because it is the same as or not distinguishable from an existing entity. If the principals are the same in both entities, please send a letter or affidavit advising us of this association, along with your articles so that we may complete the filing process.

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.

Karen A Saly
Regulatory Specialist II

Letter Number: 915A00021408

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: FORD'S 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:

Zachary Schiffman

Name of Person

US MED

Firm/Company

Attn: Comptroller - 8260 NW 27th Street, Suite 401

Address

Miami, Florida 33122

City/State and Zip Code

Comptroller@USMed.com

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

For further information concerning this matter, please call:

Christie Hancock

305 403-0737

at ()

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

FORD'S PHARMACY, INC.
8280 NW 27th Street
Suite 503
Miami, Florida 33122

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TALLAHASSEE, FLORIDA


WRITTEN CONSENT GRANTING APPROVAL FOR USE OF NAME

FORD'S PHARMACY, INC., a Florida corporation, filed on May 20, 2014 (the "**Corporation**"), does hereby grant permission and approves the filing of the Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida for the following company:

FORD'S PHARMACY, LLC

The undersigned, being the President of the Corporation has executed this Written Consent Granting Approval for Use of Name on behalf of the Corporation this 13th day of October, 2015.

FORD'S PHARMACY, INC.

By: 
Lona Smith, President

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

IN COMPLIANCE WITH SECTION 605.0202, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

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

2. Delaware

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

3.

(FEI number, if applicable)

4. Upon Registration

(Date first transacted business in Florida, if prior to registration.)

8280 NW 27 ST, SUITE 503

5.

MIAMI, FLORIDA 33122

(Street Address of Principal Office)

6. Attn: Comptroller - 8260 NW 27th Street, Suite 401

Miami, Florida 33122

(Mailing Address)

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

Name:

INCORP Services, Inc.

Office Address:

17888 67TH COURT NORTH

LOXAHATCHEE


(City)

Florida 33470

(Zip code)

Registered agent's acceptance:

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 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.

 Sara Bravtigam on behalf of Incorp
Services, Inc.
(Registered agent's signature)

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

Zachary Schiffman, Manager - 8260 NW 27th Street, Suite 401, Miami, FL 33122

John Harroff, Manager - 1450 Brickell Avenue, 31st Floor, Miami, FL 33131

Camilo Horvilleur, Manager - 1450 Brickell Avenue, 31st Floor, Miami, FL 33131

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.

Zachary Schiffman

Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "FORD'S PHARMACY, 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 SIXTH DAY OF OCTOBER, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FORD'S PHARMACY, LLC" WAS FORMED ON THE SECOND DAY OF OCTOBER, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

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2015 OCT -8 AM 8:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



5840236 8300

SR# 20150396403

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


Jeffrey W. Bullock, Secretary of State

Authentication: 10187255

Date: 10-06-15