# MIL000002817

(Re	questor's Name)	
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#### **LUNDBERG LAW OFFICES**

ATTORNEYS AT LAW

202 WEST FOURTH STREET P. O. BOX 579 JAMESTOWN, NEW YORK 14702-0579 (716) 664-2346 FAX (716) 664-2439 www.LundbergLawOffices.com DANA A. LUNDBERG \* MYRA V. BLASIUS MATTHEA W. ROSS

Of Counsel ROBERT W. VAN EVERY \* CHARLES G. BECKSTROM

\*ALSO ADMITTED IN PENNSYLVANIA

April 1, 2016

#### . Via UPS

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

Re: Application by Foreign LLC to Transact Business in Florida: Creative Pharmacy Solutions East, LLC

Dear Sir or Madam:

With regard to the above matter in which we represent the applicant, enclosed herewith please fid the following:

- 1. Application;
- Cover letter;
- 3. Original Certificate of Good Standing; and
- 4. Our check payable to Florida Department of State in the sum of \$155.00.

Please let me know if you have any questions or require anything further.

Thank you.

Very truly yours,

**LUNDBERG LAW OFFICES** 

By:

DANA A. LUNDBERG, ESQ. / dana@LundbergLawOffices.com

DAL/smh Enclosures

#### COVER LETTER

Registration Section
Division of Corporations

TO:

SUBJECT:	Creativ	e Pharmacy S		nited Liability	Compan	y	
The enclosed "A Existence, and cl	pplication by Fore neck are submitted	ign Limited Liabi to register the ab	lity Compain ove reference	y for Authoriza ed foreign limi	ation to ' ited liabi	Transact Business in Flori ility company to transact b	da," Certificate or ousiness in Florida
Please return all	correspondence co	oncerning this mat	ter to the fol	lowing:			-
•	Darcy R	hinehart '					· . 
			Nam	e of Person			
	Creativ	e Pharmacy S	olutions	East LLC			
		-	Firm	/Company			
	2535 Jo	hns Place					
,				Addr <b>e</b> ss			
	Jamesto	own, New York	k 14701				
			City/Stat	and Zip Code	:		<del> </del>
	DRhineh	art@Pharmacy					
		E-mail address: (	to be used for	or future annua	l report	notification)	
For further infor	mation concerning	this matter, pleas	e call:				
Da	ana A. Lundbe	erg		at (716	) 6€	54-2346	
	Name of	Contact Person		Area Code		Daytime Telephone Numb	er
Divisio Registr P.O. Bo	ing ADDRESS: n of Corporations ation Section ox 6327 ssee, FL 32314				Divisi Regist Cliftor 2661 I	on of Corporations tration Section n Building Executive Center Circle hassee, FL 32301	
•	eck for the followi 5.00 Filing Fee	ng amount:  \$\Bigcup \\$130.00 \text{ Filing}\$  Certificate of St.		□ \$155.00 Fili Certified Copy		& □ \$160.00 Filing Fe of Status & Certified	

### 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:

(If name unavailable, ente						
Liability Company," "L.L.	r alternate name adopted for the purpos .C," or "LLC.")	e of transacting busin	ess in Florida. The alternate name m	ust include	"Limit	ed .
2. Delaware		3.				
(Jurisdiction under the la company is organized)	aw of which foreign limited liability		(FEI number, if applicable)			•
4			•			
	(Date first transacted busine (See sections 605.0904 & 605	ss in Florida, if prior .0905, F.S. to determi	to registration.) ine penalty liability)		•	
5. 2936 West 1	7th Street	<del></del>	· · · · · · · · · · · · · · · · · · ·			
Erie, Penns	sylvania 16505 (Street Address of)	Principal Office)				
6 2535 Johns	Place ·		• •			
Jamestown,	New York 14701 (Mailing	Address)				
7. Name and street add	ress of Florida registered agent: (P.	O. Box NOT acce	ptable)			
Name:	NRAI Services, Inc.		<del></del>			•
Office Address	: 1200 South Pine Isla	nd Road	<del>_</del> .			
	Plantation		, Florida <u>33324</u>			
Registered agent's acc	(City)		(Zip code)		•	
Having been named as designated in this appli to complywith the provi	registered agent and to accept servication, I hereby accept the appoint sions of all statistics relative to the f my position as registered agent.	ment as registered	agent and agree to act in this ca	pacity. Ij dIam fan t ≧⊈	further nilliar n 16 AP	agree
	Registr	red agent's signature	<b>`</b>			
. <u>.</u>	Registr	ered agent's signature	)	S	1	€3
8. The name, title or ca	(Registropacity and address of the person(s)			ASSE	5-	Encored (1 Section 1)
				NARY GF		e il
	pacity and address of the person(s)			LASSEE FLOR		Charles of the same
Richard B. A	pacity and address of the person(s)			HASSEE PLORIDA		· è ET
Richard B. M 2535 Johns I Jamestown, M 9. Attached is a certifica	pacity and address of the person(s)  Moon, Manager  Place  New York 14701  te of existence, no more than 90 day w of which it is organized. (If the ce	who has/have autho	ority to manage is/are;	F SI ATE	5 AM 10: 02 in	filter of
Richard B. M 2535 Johns I  Jamestown, M 9. Attached is a certification under the lay	pacity and address of the person(s)  Moon, Manager  Place  New York 14701  te of existence, no more than 90 day w of which it is organized. (If the ce	who has/have autho	ority to manage is/are;	F SI ATE	5 AM 10: 02 in	filter of

Richard B. Moon

Typed or printed name of signee



## State of Delaware

SECRETARY OF STATE DIVISION OF CORPORATIONS P.O. BOX 898 DOVER, DELAWARE 19903

9290767 DANA A LUNDBERG 202 WEST FOURTH STREET, PO BOX 579 JAMESTOWN, NY 14701 03-30-2016

RECEIVED

APR 0 1 2016

ATTN: DANA A. LUNDBERG

DESCRIPTION		AMOUNT
5462277 - CREATIVE PHARMACY SOLUTIONS EAST LLC Entity Status - Short Form		
	Certification Fee	\$50.00
	Expedite Fee, Same Day	\$50.00
	TOTAL CHARGES	\$100.00
	TOTAL PAYMENTS	\$100.00
	BALANCE	\$0.00

Page 1

# Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "CREATIVE PHARMACY SOLUTIONS EAST 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 THIRTIETH DAY OF MARCH, A.D. 2016.

16 APR -5 AM 10: 02
SECRETARY OF STATE

Authentication: 202068950

Date: 03-30-16