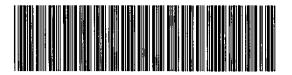
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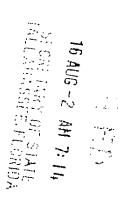
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Special Instructions to	Filing Officer:				

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#### **⊞** FAIRVIEW

Fairview Pharmacy Services, LLC

711 Kasota Avenue SE Minneapolis, MN 55414 Tel 612-672-5200 Fax 612-672-5201

July 28, 2016

Florida Department of State Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314

RE: Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida

To Whom It May Concern:

Please find enclosed the appropriate information for Fairview Pharmacy Services, LLC to be considered for authorization to transact business in Florida. Specifically, please find enclosed:

- Cover letter as outlined by the Florida Department of State;
- Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida;
- Certificate of Existence for Fairview Pharmacy Services, LLC dated 7-21-2016; and
- Check for \$160 to cover all registration fees.

If I can provide any additional information or answer any questions, please do not hesitate contacting me at the information provided below.

Kind regards,

Lisa M. Ganske, M.S., R.Ph.

Policy and Compliance Officer

Fairview Pharmacy Services, LLC

(612) 672-7033 (office)

(612) 672-5201 (fax)

Lganske1@fairview.org

**Enclosures** 

#### **COVER LETTER**

TO:

**Registration Section** 

Div	ision of Corporation	S					
SUBJECT:	Fairview Pharmacy	Services, LLC			<u> </u>		
			imited Liability C	Company			
					nsact Business in Florida," Cert company to transact business in		
Please return	all correspondence c	oncerning this matter to the f	following:				
	Sarah Brown						
		Na	me of Person				
	Fairview Pharm	nacy Services					
	Firm/Company						
	711 Kasota Ave SE						
Address							
	Minneapolis, M	IN 55414					
		City/St	ate and Zip Code				
	sbrown20@fairv	iew.org					
		E-mail address: (to be used	for future annual	report not	ification)		
For further in	nformation concerning	g this matter, please call:					
Sar	ah Brown		612 at (	617-35			
_	Name o	of Contact Person	Area Code	Day	time Telephone Number		
Div Reg P.C	AILING ADDRESS: vision of Corporations gistration Section D. Box 6327 lahassee, FL 32314			Division Registrati Clifton B 2661 Exe	CADDRESS: of Corporations ion Section uilding ecutive Center Circle see, FL 32301		
	a check for the follow \$125.00 Filing Fee	ring amount: ☐ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filir Certified Copy	ig Fee &	■ \$160.00 Filing Fee, Certifi of Status & Certified Copy	cate	

### 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 RUSINESS. IN THE STATE OF FLORIDA:

1. Fairview Pharmacy Ser (Name of Fore	vices, LLC ign Limited Liability Company; mus	st inclu	de "Limited Liab	ility Company," "L.L.C.	," or "LLO	C.")		
(16	116						. 40] (ma)	tad
(if name unavailable, enter all Liability Company," "L.L.C,"	ternate name adopted for the purpose ' or "LLC.")	e or tra	nsacting business	in Florida. The alternat	e name m	ust metuu	e Liiii	lea
2. Delaware		3.	72-1586863					
company is organized)	of which foreign limited liability			(FEI number, if applic	able)			
4. <u>N/A</u>	(Date Control of Marine)	in t	lanida ifimulanta					
5 711 Kasota Avc SE, M	(Date first transacted busine (See sections 605.0904 & 605 linneapolis, MN 55414	.0905,	F.S. to determine	penalty liability)				
J						;;;;;		
	(Street Address of I	Princin	al (Mice)				<u>ب۔</u> ۲۵	
Fairview Pharmacy Ser	vices, 711 Kasota Ave SE, Minn					252	9fiy	
ο	<u> </u>		·					
-							$\sim$	-
	(Mailing	Addres	s)				$\supseteq$	** 1. *
7. Name and street address	ss of Florida registered agent: (P.	.O. Bo	x <u>NOT</u> accepta	ible)			-	F abot spe
Name:	C T Corporation System			_		<u> </u>	<u></u>	
Office Address:	1200 South Pine Island Road		F4	•	•	7		
	Plantation			Florida 33324				
	(City)			, Florida 33324 (Zip cod	e)			
designated in this applica to complywith the provision	gistered agent and to accept ser tion, I hereby accept the appoin ons of all statutes relative to the my position as registered agent.  Agnes Broszczak, Asst Sec	tment prope cretar	as registered ag r and complete	gent and agree to act performance of my a	in this ca luties, an	pacity.	I furth amiliai	er agree
8. The name, title or capa	acity and address of the person(s)	) who l	has/have authori	ity to manage is/are:				
Robert Beacher, Presiden	t and CEO							
9. Attached is a certificate jurisdiction under the law of the translator must be s	of existence, no more than 90 day of which it is organized. (If the cubmitted)	ays old	I, duly authentic ate is in a foreig	rated by the official ha	iving cust	tody of re	ecords ate und	in the er oath
	1000				<del>,</del>			
	•		uthorized persor					
This document is executed submitted in a document to	d in accordance with section 605, the Department of State constitution	0203 ( utes a	(1) (b), Florida S third degree felo	Statutes. I am aware th ony as provided for in	at any fal s.817.15:	lse inforr 5, F.S.	nation	

Typed or printed name of signee

Robert Beacher, President

Page 1

# Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "FAIRVIEW PHARMACY SERVICES, 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-FIRST DAY OF JULY, A.D. 2016.

Authentication: 202696087

Date: 07-21-16