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16 AUG -2 AM 7:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



**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
Division of Corporations**

SUBJECT: Fairview Pharmacy Services, 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:

Sarah Brown

Name of Person

Fairview Pharmacy Services

Firm/Company

711 Kasota Ave SE

Address

Minneapolis, MN 55414

City/State and Zip Code

sbrown20@fairview.org

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

For further information concerning this matter, please call:

Sarah Brown

612

617-3513

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

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. Fairview Pharmacy Services, 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. 72-1586863
(FEI number, if applicable)

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. 711 Kasota Ave SE, Minneapolis, MN 55414

(Street Address of Principal Office)

6. Fairview Pharmacy Services, 711 Kasota Ave SE, Minneapolis, MN 55414

(Mailing Address)

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

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(City) (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.

Agnes Broszczak, Asst Secretary CT Corporation System

(Registered agent's signature)

Agnes Broszczak

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

Robert Beacher, President and CEO

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]
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.

Robert Beacher, President

Typed or printed name of signee

16 AUG - 2 AM 7:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Delaware

The First State

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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.



3852886 8300

SR# 20164975388

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

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 202696087

Date: 07-21-16