

M16000008903

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TALLAHASSEE, FLORIDA
16 NOV -2 PM 4: 20



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 3, 2016

NANCY DUBE
CRE8 PHARMACY GROUP
10340 LAKE VISTA CT
PARKLAND, FL 33076

SUBJECT: CRE8 PHARMACY GROUP, LLC
Ref. Number: W16000074614

We have received your document for CRE8 PHARMACY GROUP, 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):

Pursuant to s.605.0902(1)(e), Florida Statutes, the document must contain the name, title or capacity and address of at least one person who has the authority to manage the foreign limited liability company.

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

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: 116A00023679

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CRE8 Pharmacy Group, 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:

Nancy Dube
Name of Person

CRE8 Pharmacy group
Firm/Company

10340 Lake Vista CT
Address

Parkland, FL 33076
City/State and Zip Code

nancy@3adconsulting.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nancy Dube at (954) 224-4811
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

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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. CRES Pharmacy Group, 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. _____
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. N/A (formed 10/26/2016)
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 10340 Lake Vista CT
Parkland, FL 33076
(Street Address of Principal Office)

6. Same as above
(Mailing Address)

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

Name: Nancy Dube
Office Address: 10340 Lake Vista CT
Parkland, Florida 33076
(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.

[Signature]
(Registered agent's signature)

8. The name, title or capacity and address of the person or persons who has/have authority to prepare return:

Nancy DUBE - Chief executive officer
10340 Lake Vista CT, Parkland FL 33076

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.

Christian DUBE
Typed or printed name of signer

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TALLAHASSEE, FLORIDA
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Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CRE8 PHARMACY GROUP, 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 FOURTH DAY OF NOVEMBER, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CRE8 PHARMACY GROUP, LLC" WAS FORMED ON THE TWENTY-SIXTH DAY OF OCTOBER, A.D. 2016.

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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SR# 20166499062

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

A handwritten signature of Jeffrey W. Bullock, Secretary of State, written over a horizontal line.

Authentication: 203281515

Date: 11-04-16

State of Delaware
Secretary of State
Division of Corporations
Delivered 04:51 PM 10/26/2016
FILED 04:51 PM 10/26/2016
SR 20166374397 - File Number 6193898

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TALLAHASSEE, FLORIDA
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CERTIFICATE OF FORMATION
OF
CRE8 PHARMACY GROUP, LLC

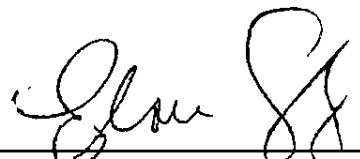
ARTICLE 1 - NAME.

The name of the limited liability company is **CRE8 PHARMACY GROUP, LLC**

ARTICLE 2 - REGISTERED OFFICE AND REGISTERED AGENT.

The registered office in the State of Delaware is to be located at 9 East Loockerman Street, Suite 3A in the City of Dover, County of Kent, Zip Code 19901. The registered agent in charge thereof is Spiegel & Utrera, P.A.

In Witness Whereof, the undersigned have executed this Certificate of Formation this 26 October 2016.



Elsie Sanchez, Authorized
Representative of the Members