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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (614)280-3338 Phone Fax Number : (954)208-0845

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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Foreign Limited Liability Company ALBERTSONS COMPANIES SPECIALTY

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K. SALY JAN 27 2017

COVER LETTER

SUBJECT:	-	ies Specialty Pharmacy, LL	C			
Name of Limited Liability Company						
		reign Limited Liability Com ad to register the above refer				
Please return	all correspondence	concerning this matter to the	following:			
	Candace Coop	cr				•
	 -	N	ame of Person	· · · · · · · · · · · · · · · · · · ·		
	Albertsons					
	Firm/Company					
	250 Parkcenter	Blvd.				
	Address					
	Boise, ID 8370	6				
	<u> </u>	City/S	tate and Zip Code			
	candace.cooper@					
		E-mail address: (to be use	d for future annua.	report no	tification)	
For further in	nformation concerning	g this matter, please call:				
Car	idace Cooper		208 at (395-55	15	
	Name o	f Contact Person	Atea Code	Day	rtime Telephone Number	
Divi Reg P.O.	ILING ADDRESS: ision of Corporations istration Section . Box 6327 ahassee, FL 32314			Division Registrat Clifton B 2661 Exe	FADDRESS: of Corporations ion Section suilding secutive Center Circle see, PL 32301	
	check for the follow 125.00 Filing Fee	ing amount: ☐ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filir Certified Copy	g Fee &	☐ \$160.00 Filing Fee, Co	

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

IN COMPLIANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN, LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA. Albertsons Companies Specialty Pharmacy, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or N/A (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.") 20-4057706 (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 250 Parkcenter Blvd, Boise, ID 83706 (Street Address of Principal Office) 250 Parkcenter Blvd, Boise, ID 83706 (Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) C T Corporation System Name: 1200 South Pine Island Road Office Address: Plantation (City) 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 complywith 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. Alfred Younan **Assistant Secretary** (Registered agent's signature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Laura A. Donald, Group VP 250 Parkcenter Blvd, Boise, ID 83706 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 outh of the translator must be submitted)

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.

Laura A. Donald			
Typed or print	ed name of signee		

Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "ALBERTSONS COMPANIES SPECIALTY

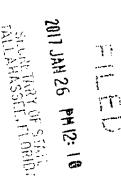
PHARMACY, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF

DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR

AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SIXTH DAY OF

JANUARY, A.D. 2017.

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



6263557 8300

SR# 20170465245
You may verify this certificate online at corp.delaware.gov/authver.shtml

Justicey W. Wallocks, Sacrettary of State

Authentication: 201936572

Date: 01-26-17