

M17000004419

(Requestor's Name)

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(Business Entity Name)

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Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W17-38569

Office Use Only



800297128278

05/03/17--01025--006 **78.75

05/18/17--01005--016 **51.25

FILED
STATE
SECRETARY OF
TALLAHASSEE, FLORIDA
17 MAY -3 PM 3:39

MAY 24 2017
S. YOUNG



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 4, 2017

JAMES R GULLEY JR
THE TRANSPLANT PHARMACY, LLC
217 KATHERINE DRIVE STE A
FLOWOOD, MS 39232

SUBJECT: THE TRANSPLANT PHARMACY, LLC
Ref. Number: W17000038569

2017 MAY 18 PM 4:50
TALLAHASSEE, FLORIDA

We have received your document for THE TRANSPLANT PHARMACY, LLC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

YOU MAILED IN FORM AND FEES FOR A CORPORATION BUT NAME IS LLC,

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
17 MAY -3 PM 3:39

We have received your document for THE TRANSPLANT PHARMACY, LLC and check(s) totaling \$78.75 of which \$78.75 has been designated to file this document. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is an additional amount of \$51.25 due. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

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: 217A00008834

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Transplant Pharmacy, 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:

James R. Gulley Jr
Name of Person

The Transplant Pharmacy, LLC
Firm/Company

217 Katherine Dr. STE A
Address

Flowood, MS 39232
City/State and Zip Code

Jay@TTP-RX.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

James R. Gulley Jr at (888) 426-6015
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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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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. The Transplant Pharmacy, 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. Mississippi 3. 81-2018297
(Jurisdiction under the law of which foreign limited liability company is organized) (PEI number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 217 Katherine Dr STE A
(Street Address of Principal Office)
Flowood, MS 39232

6. 217 Katherine Dr STE A
(Mailing Address)
Flowood, MS 39232

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

Name: National Registered Agents, INC
Office Address: 1200 South Pine Island Rd
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.

Rachel Glasheen
Vice President & 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:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
<u>President/Pharmacist-In-</u> <u>Charge</u>	<u>James R. Gulley Jr</u> <u>217 Katherine Dr STE A</u> <u>Flowood, MS 39232</u>	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(Use attachments if necessary)

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)

James R. Gulley Jr
Signature of an authorized person

10. 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.

James R. Gulley Jr
Typed or printed name of signer

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
17 MAY -3 PM 3:39



DELBERT HOSEMANN
Secretary of State

Office of the Secretary of State
Jackson, Mississippi

Certificate of Good Standing

I, C. DELBERT HOSEMANN, JR., Secretary of State of the State of Mississippi, and as such, the legal custodian of the records as required by The Mississippi Limited Liability Company Act to be filed in my office do hereby certify:

THE TRANSPLANT PHARMACY, LLC

Registered the 30th day of March, 2016

A Mississippi Limited Liability Company has filed the necessary documents in this office and has obtained a certificate of formation under the provisions of The Mississippi Limited Liability Company Act as shown by the records in this office.

That the registered office of said Limited Liability Company is located at:

474 Kingsbridge Rd
Madison, MS 39110

And that the registered agent at that address is:

James R. Gulley Junior

I further certify that said Limited Liability Company has paid the fees for filing the above papers required by law as shown by the records of this office, and that said Limited Liability Company is in good standing to do business in Mississippi at this time.

Given under my hand and seal of office
the 21st day of April, 2017

C. Delbert Hosemann, Jr.

C. DELBERT HOSEMANN, JR.
Secretary of State

Certificate Number: CN17036024

Verify this certificate online at <http://corp.sos.ms.gov/corpcnv/verifycertificate.aspx>

SECRETARY OF FLORIDA
TALLAHASSEE, FLORIDA
17 MAY -3 PM 3:39