

MI 8000006360

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

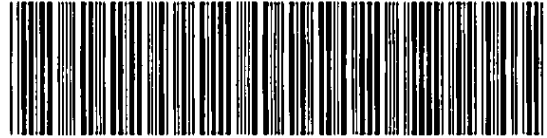
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

penalty w/ 18-54964

Office Use Only



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07/10/18--01024--062 **1610.00

06/08/18--01004--023 **125.00

FILED
18 JUL -9 PM 12:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

U.S. DEPARTMENT OF JUSTICE
JUL 11 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 13, 2018

JULIA BLACK
4100 S SAGINAW ST
FLINT, MI 48507

SUBJECT: DIPLOMAT SPECIALTY PHARMACY OF FLINT, LLC
Ref. Number: W18000054964

We have received your document for DIPLOMAT SPECIALTY PHARMACY OF FLINT, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 607.1502(4), 617.1502(4) or 605.0904(7), Florida Statutes, this entity is liable for a civil penalty of at least \$500 but not more than \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification. In addition to this civil penalty, the appropriate annual report fees that would have been due this office had the entity qualified the year it began operations in this state are also due. The amount due this office to cover both annual report(s) and penalty fees is \$1610.00.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons
Regulatory Specialist III

Letter Number: 118A00012280

RECEIVED
2018 JUL -9 PM 1:21
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Diplomat Specialty Pharmacy of Flint, 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:

Julia Black

Name of Person

Diplomat Pharmacy, Inc.

Firm/Company

4100 S. Saginaw St.

Address

Flint, MI 48507

City/State and Zip Code

stateregistrations@diplomat.is

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

For further information concerning this matter, please call:

Julia Black

810
at (_____) _____

768-9172

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. Diplomat Specialty Pharmacy of Flint, 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.")

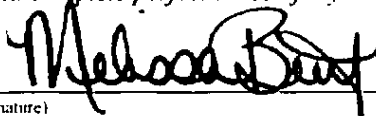
2. Michigan 3. _____
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 12/20/2010
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability.)

5. 3320 Beecher Rd. 6. 4100 S. Saginaw St.
(Street Address of Principal Office) (Mailing Address)
Flint, MI 48532 Flint, MI 48507

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Name: Corporation Service Company
Office Address: 1201 Hays St.
Tallahassee, Florida 32301
(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.

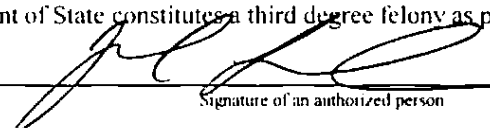

(Registered agent's signature)

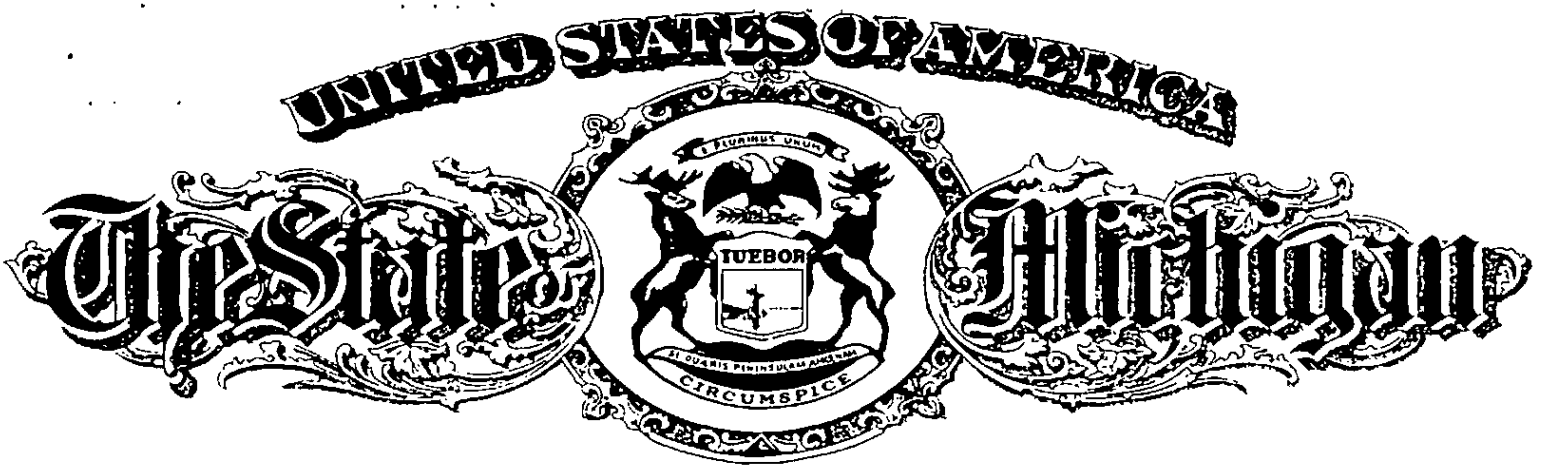
<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<u>CEO</u>	<u>Brian Griffin</u> <u>4100 S. Saginaw St.</u> <u>Flint, MI 48507</u>	<u>President</u>	<u>Joel Saban</u> <u>4100 S. Saginaw St.</u> <u>Flint, MI 48507</u>
<u>CFO</u>	<u>Atul Kavthekar</u> <u>4100 S. Saginaw St.</u> <u>Flint, MI 48507</u>	<u>Secretary</u>	<u>Christina Flint</u> <u>4100 S. Saginaw St.</u> <u>Flint, MI 48507</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)

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.


Signature of an authorized person
Joel Saban
Typed or printed name of signee



Department of Licensing and Regulatory Affairs

Lansing, Michigan

This is to Certify That

DIPLOMAT SPECIALTY PHARMACY OF FLINT, LLC

was validly authorized on February 14, 2005, as a Michigan DOMESTIC LIMITED LIABILITY COMPANY, and said limited liability company is validly in existence under the laws of this state and has satisfied its annual filing obligations.

This certificate is issued pursuant to the provisions of 1993 PA 23 to attest to the fact that the company is in good standing in Michigan as of this date.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.



Sent by electronic transmission

Certificate Number: 18055453520

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 24th day of May, 2018.

Julia Dale, Director

Corporations, Securities & Commercial Licensing Bureau