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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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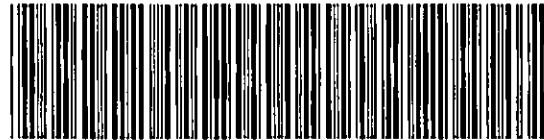
(Business Entity Name)

(Document Number)

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STATE OF FLORIDA
TALLAHASSEE, FL

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S. PRATHER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: B & Y 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:

Anna Karina Rubio

Name of Person

B & Y Pharmacy, LLC

Firm/Company

3265 Trafalger Circle

Address

Boca Raton, Florida 33434

City/State and Zip Code

anna@bnypharmacy.com

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

For further information concerning this matter, please call:

Anna Rubio

561

801-5959

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:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**



\$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. B & Y PHARMACY, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," 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," "LLC," or "LLC.")

2. PENNSYLVANIA 3. 47-3261328
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 02/15/2019
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability.)

5. 1551 MCKEAN STREET 6. 1551 MCKEAN STREET
(Street Address of Principal Office) (Mailing Address)

PHILADELPHIA, PA 19145 PHILADELPHIA, PA 19145

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

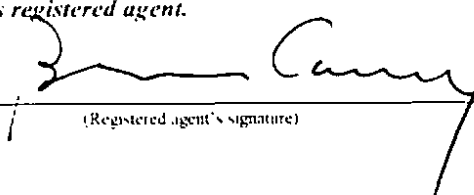
Name: BERNARD M CASSIDY

Office Address: 200 S ANDREWS AVENUE, 9TH FLOOR

FORT LAUDERDALE 33301
(City) Florida (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)

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STATE

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity: **Name and Address:**

☐ Manager Name: SCOTT KROLL

☒ Member Address: 1551 MCKEAN STREET

☐ Authorized PHILADELPHIA, PA 19145

Person

☐ Other ☐ Other

☒ Manager Name: ANNA KARINA RUBIO

☐ Member Address: 3265 TRAFALGER CIRCLE

☐ Authorized BOCA RATON, FL 33434

Person

☐ Other ☐ Other

☐ Manager Name: MARIANNE ANTONIO

☒ Member Address: 5801 TOWN CENTER WAY

☐ Authorized BOCA RATON, FL 333487

Person

☐ Other ☐ Other

Title or Capacity: **Name and Address:**

☐ Manager Name:

☐ Member Address:

☐ Authorized

Person

☐ Other ☐ Other

☐ Manager Name:

☐ Member Address:

☐ Authorized

Person

☐ Other ☐ Other

☐ Manager Name:

☐ Member Address:

☐ Authorized

Person

☐ Other ☐ Other

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CLERK OF COURT

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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

Anna K. Rubio
Typed or printed name of signer

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE

02/01/2019

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

B&Y PHARMACY LLC

is duly registered as a Pennsylvania Limited Liability Company under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written

Kathleen Bookman

Acting Secretary of the Commonwealth

Certification Number: TSC190201151693-1

Verify this certificate online at <http://www.corporations.pa.gov/orders/verify>