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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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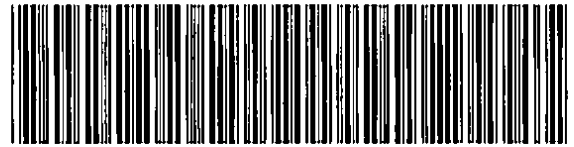
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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19 JUN 12 PM 4:52
SECRETARY OF STATE
TALLAHASSEE FLORIDA

B KINSEY
JUN 21 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **SCHMIGS OF NYS, 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:

CARL SCHMIGELSKI

Name of Person

SCHMIGS OF NYS, LLC

Firm/Company

17 CABRIOLET LANE

Address

MELVILLE, NY 11747

City/State and Zip Code

cs@schmigsofnys.com

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

For further information concerning this matter, please call:

CARL SCHMIGELSKI

Name of Contact Person

631

Area Code

553-1077

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

FILED
19 JUN 12 PM 4:52
STATE OF FLORIDA
TALLAHASSEE, FL 32301

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. SCHMIGS OF NYS, 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. NEW YORK STATE

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 47-4262737

(FEI number, if applicable)

4. N/A

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

5. 245 OSER AVE - SIDE

(Street Address of Principal Office)

6. 17 CABRIOLET LANE

(Mailing Address)

HAUPPAUGE, NY 11788

MELVILLE, NY 11747

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

Name: Northwest Registered Agent LLC

Office Address: 7901 4th St N STE 300

St. Petersburg

(City)

Florida 33702

(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.

Tom Glover

(Registered agent's signature)

19 JUN 12 PM 4:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: CARL SCHMIGELSKI

☐ Member Address: 17 CABRIOLET LANE

☐ Authorized MELVILLE, NY 11747

Person _____

☐ Other _____ ☐ Other _____

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

☐ Manager Name: ROBYN SCHMIGELSKI

☒ Member Address: 17 CABRIOLET LANE

☐ Authorized MELVILLE, NY 11747

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

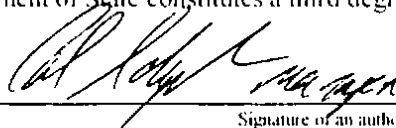
Person _____

☐ Other _____ ☐ Other _____

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

CARL SCHMIGELSKI

Typed or printed name of signer



June 10, 2019

To Whom It May Concern:

Re: SCHMIGS OF NYS, LLC Application To Transact Business In Florida

To Whom It May Concern:

As per the Sunbiz.org site, below you will find the additional information needed.

- 1) SCHMIGS OF NYS, LLC was organized 06/05/2015.
- 2) SCHMIGS OF NYS, LLC is not scheduled to cease to exist (it is planned to be perpetual).
- 3) SCHMIGS OF NYS, LLC has not transacted business in Florida as of yet.
- 4) SCHMIGS OF NYS, LLC is a Manager-managed company.
- 5) SCHMIGS OF NYS, LLC will distribute prescription medical kits/medications.

Rx Pharma Pack, Inc.
245 Oser Ave
Hauppauge, NY 11788

Sincerely,

Carl Schmigelski
Manager
SCHMIGS OF NYS, LLC

State of New York Department of State } ss:

I hereby certify, that SCHMIGS OF NYS, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 06/05/2015, and that the Limited Liability Company is existing so far as shown by the records of the Department. I further certify the following:

A Certificate of Publication of SCHMIGS OF NYS, LLC was filed on 09/10/2015.

Certificate of Change was filed on 11/01/2016.

A Biennial Statement was filed 01/29/2019.

A Biennial Statement was filed 06/07/2019.

I further certify, that no other documents have been filed by such Limited Liability Company.



Witness my hand and the official seal
of the Department of State at the City
of Albany, this 07th day of June
two thousand and nineteen.

Whitney Clark
Deputy Secretary of State