

M1900000826E

(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:

Office Use Only



100330117341

08/19/19--01019--004 \*\$150.00

2019 AUG 26 PM 4:24  
FILED  
CLERK OF SUPERIOR COURT  
JULIA A. HARRIS

AUG 26 2019

M. SOLOMON



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 1, 2019

LEGAL DEPARTMENT  
173 BRIDGE PLZ N  
FORT LEE, NJ 07024 US

SUBJECT: ARROW PHARMACY HOLDINGS LLC  
Ref. Number: W19000061000

19 AUG 26 PM 2:14  
CALLAHAN, J. J.

We have received your document for ARROW PHARMACY HOLDINGS LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as or not distinguishable from the name of a voluntarily dissolved business entity. This name is not available for the assumption or use by another entity for 120 days after the effective date of the dissolution. The dissolved business entity may provide the Department of State with an affidavit or letter, releasing the name for use to you and affirming they have no intention of revoking the dissolution or you may adopt an alternate name for use in Florida. If you choose to adopt an alternate name, please enter that name in the space provided in number one of the application.

The registered agent must sign accepting the designation.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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.

Zakiya M Brown

# Arrow Pharmacy Holdings LLC

173 Bridge Plaza North  
Fort Lee, NJ 07024

Tel. (201) 242.4000  
Fax (201) 242.4035

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August 21, 2019

VIA FEDEX

FLORIDA DEPARTMENT OF STATE  
Division of Corporations  
Attn: Zakiya M. Brown, Regulatory Specialist II  
Dial: 850-245-6051; 850) 245-6000  
2661 Executive Center Cir W, Tallahassee, FL 32301  
PO Box 6327  
Tallahassee, FL 32314

Re: Ref. No. W19000061000  
Letter No. 79A00013303

Dear Sir/Ms:

Enclosed please find the foreign LLC application for **Arrow Pharmacy Holdings LLC**, together with your letter dated 7/1/19, certificate of existence and self-addressed stamped envelope. The \$130 check for filing fee was previously submitted.

Please accept this letter as also "releasing" the name so that the foreign application may be processed. It is the same company and owner as the one voluntarily dissolved – the original application was submitted on the 'domestic LLC' form instead of the 'foreign LLC' form.

Please let me know if you require anything further.

Thank you for your assistance with this matter.

Very truly yours,



A. Alberto Lugo, EVP

Enc.

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Arrow Pharmacy Holdings 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:

Legal Department

\_\_\_\_\_  
Name of Person

Arrow Pharmacy Holdings LLC

\_\_\_\_\_  
Firm/Company

173 Bridge Plaza North

\_\_\_\_\_  
Address

Fort Lee, NJ 07024

\_\_\_\_\_  
City/State and Zip Code

CorporateFiling@partnerspharmacy.com

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

For further information concerning this matter, please call:

A. Alberto Lugo

201-

242-4006

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. Arrow Pharmacy Holdings 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. Connecticut  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 26-1740080  
(FEI 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. 173 Bridge Plaza North  
(Street Address of Principal Office)

6. 173 Bridge Plaza North  
(Mailing Address)

Fort Lee, NJ 07024  
Fort Lee, NJ 07024

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

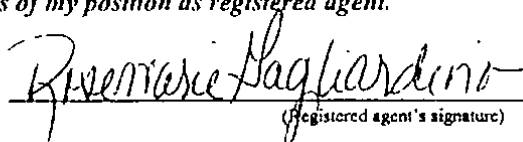
Name: Corporation Service Company

Office Address: 1201 Nays Street

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)

Rosemarie Gagliardino  
Assistant Vice President

2019 AUG 26 PM 4:23

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: A. Alberto Lugo

☐ Member      Address: 173 Bridge Plaza North

☒ Authorized      Fort Lee, NJ 07024

Person \_\_\_\_\_

☐ Other \_\_\_\_\_                      ☐ Other \_\_\_\_\_

☐ Manager      Name: \_\_\_\_\_

☐ Member      Address: \_\_\_\_\_

☐ Authorized      \_\_\_\_\_

Person \_\_\_\_\_

☐ Other \_\_\_\_\_                      ☐ Other \_\_\_\_\_

☐ Manager      Name: \_\_\_\_\_

☐ Member      Address: \_\_\_\_\_

☐ Authorized      \_\_\_\_\_

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 \_\_\_\_\_

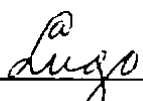
☐ Other \_\_\_\_\_                      ☐ Other \_\_\_\_\_

2015 AUG 26 PM 4:25  
FBI - NEW YORK

**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

A. Alberto Lugo                      \_\_\_\_\_  
Typed or printed name of signer

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. Arrow Pharmacy Holdings 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.")

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

3. 26-1740080  
(FEI number, if applicable)

4. \_\_\_\_\_  
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(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 173 Bridge Plaza North  
(Street Address of Principal Office)

6. 173 Bridge Plaza North  
(Mailing Address)

Fort Lee, NJ 07024

Fort Lee, NJ 07024

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

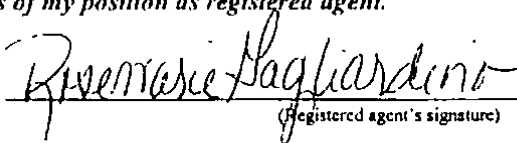
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(City) (Zip code)

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(Registered agent's signature)

Rosemarie Gagliardino  
Assistant Vice President

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: A. Alberto Lugo

☐ Member      Address: 173 Bridge Plaza North

☒ Authorized      Fort Lee, NJ 07024

Person      \_\_\_\_\_

☐ Other \_\_\_\_\_      ☐ Other \_\_\_\_\_

☐ Manager      Name: \_\_\_\_\_

☐ Member      Address: \_\_\_\_\_

☐ Authorized      \_\_\_\_\_

Person      \_\_\_\_\_

☐ Other \_\_\_\_\_      ☐ Other \_\_\_\_\_

☐ Manager      Name: \_\_\_\_\_

☐ Member      Address: \_\_\_\_\_

☐ Authorized      \_\_\_\_\_

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      \_\_\_\_\_

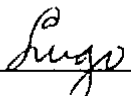
Person      \_\_\_\_\_

☐ Other \_\_\_\_\_      ☐ Other \_\_\_\_\_

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\_\_\_\_\_  
Signature of an authorized person

A. Alberto Lugo  
\_\_\_\_\_  
Typed or printed name of signee



Office of the Secretary of the State of Connecticut

I, the Connecticut Secretary of the State, and keeper of the seal thereof,  
DO HEREBY CERTIFY, that articles of organization for

ARROW PHARMACY HOLDINGS LLC

a domestic limited liability company, were filed in this office on January 10, 2008.

Articles of dissolution have not been filed, and so far as indicated by the records of this office such  
limited liability company is in existence.



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Secretary of the State

Date Issued: July 31, 2019