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(Requestor's Name)

(Address)

(Address)

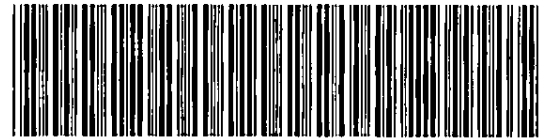
(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____



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11/08/19--01020--025 **160.00

Special Instructions to Filing Officer:

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2019 DEC 12 AM 11:32
RECEIVED
STATE OF TEXAS
SECRETARY OF STATE

JAN 02 2020
M. SOLOMON

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0912, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Mulberry LTC Pharmacy, LLC
(Name of foreign Limited Liability Company; must include "Limited Liability Company," "LLC" or "L.L.C.")

If more than one name alternative name referred for the purpose of conducting business in Florida. The alternative name must include "Limited Liability Company," "LLC" or "L.L.C."

2. Mississippi 3. 84-2732600
(Jurisdiction under law of which foreign limited liability company is organized) (FEID number of applicant)

4. _____
(Use for international business in Florida; if none so registered; then sections 605.0904 & 605.0905, F.S. to determine penalty; liability)

5. 1011 N Church Ave 6. 3449 Cobblestone Blvd S
(Street Address of Principal Office) (Mailing Address)
Mulberry, FL 33860 Southaven, MS 38672

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
 Name: Ms. Becky Preston
 Office Address: 1011 N Church Ave
Mulberry, Florida 33860
(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.

X Becky Preston
(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>VP Op</u> | <u>Becky Preston</u> <u>1011 N Church</u> <u>Mulberry, FL</u> | <u>33860</u> | _____ |
| <u>CEOP</u> | <u>Dan Mueller, Ph</u> <u>3449 Cobblestone</u> <u>Southaven, MS</u> | <u>38672</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 605.0205 (9)(a), 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.

Dan O. Mueller, Ph.D.
Signature of an authorized person
Dan O. Mueller, Ph.D.
Typed or printed name of signor

2018 DEC 12 AM 11:32
 11-27-18



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:

MULBERRY LTC PHARMACY, LLC

Registered the 6th day of June, 2019

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:

800 College Hill Road, Suite 5201, P. O. Box 3150
Oxford, MS 38655

And that the registered agent at that address is:

James D. Harper

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 12th day of December, 2019

C. DELBERT HOSEMANN, JR.
Secretary of State

Certificate Number: CN19074798

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 4, 2019

DAN O. MUELLER, PHARM.D.
MULBERRY LTC PHARMACY, LLC
1011 NORTH CHURCH AVE.
MULBERRY, FL 33860

SUBJECT: MULBERRY LTC PHARMACY, LLC
Ref. Number: W19000104029

We have received your document for MULBERRY LTC PHARMACY, LLC and check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Mel Solomon
Regulatory Specialist II Supervisor

Letter Number: 219A00024572