

M21000009269

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

wa1000067803

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7/22/21



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 16, 2021

CHERIE HANLEY  
3121 DIABLO AVENUE  
HAYWARD, CA 94545

SUBJECT: CABOT PHARMACY, LLC  
Ref. Number: W21000067803

We have received your document for CABOT PHARMACY, 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):

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.

Yvette Scott  
Document Specialist II

Letter Number: 121A00010274

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CABOT 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:

Cherie Hanley

Name of Person

Cabot Pharmacy, LLC

Firm/Company

3121 Diablo Avenue

Address

Hayward, CA 94545

City/State and Zip Code

entities@truepill.com

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

For further information concerning this matter, please call:

Cherie Hanley

925

412-3823

at ( )

Name of Contact Person

Area Code

Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

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CLERK OF STATE

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. CABOT PHARMACY, 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. DELAWARE

85-4319726

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

(FEI number, if applicable)

UPON FILING

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

3121 DIABLO AVE

3121 DIABLO AVE

5. (Street Address of Principal Office)

6. (Mailing Address)

HAYWARD, CA 94545

HAYWARD, CA 94545

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

Name: CORPORATION SERVICE COMPANY

Office Address: 1201 HAYS STREET

TALLAHASSEE

32301

(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.

Lynn M. Cammelongo

Lynn M. Cammelongo, AVP

(Registered agent's signature)

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: SIDDHARTH VISWANATHAN

☐ Member Address: 3121 DIABLO AVE

☐ Authorized HAYWARD, CA 94545

Person

☐ Other ☐ Other

☐ Manager Name: N/A

☐ Member Address:

☐ Authorized

Person

☐ Other ☐ Other

☐ Manager Name: N/A

☐ Member Address:

☐ Authorized

Person

☐ Other ☐ Other

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

☐ Manager Name: N/A

☐ Member Address:

☐ Authorized

Person

☐ Other ☐ Other

☐ Manager Name: N/A

☐ Member Address:

☐ Authorized

Person

☐ Other ☐ Other

☐ Manager Name: N/A

☐ 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.

*Siddharth Viswanathan*

Signature of an authorized person

SIDDHARTH HVISWANATHAN, MANAGER

Typed or printed name of signer

# Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CABOT PHARMACY, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRTEENTH DAY OF JULY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CABOT PHARMACY, LLC" WAS FORMED ON THE TWENTY-SIXTH DAY OF AUGUST, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

FILED  
2021 JUL 21 PM 2:04



  
Jeffrey W. Bullock, Secretary of State

7578125 8300

SR# 20212687227

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 203656291

Date: 07-13-21