

M22000019059

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

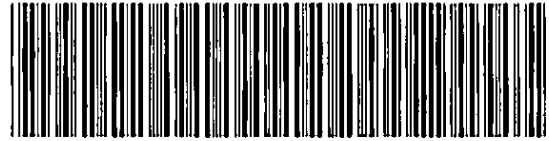
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100396226331

APPROVED
AND
FILED

2022 DEC 20 AM 9:57

RECEIVED

2022 DEC 20 AM 11:22

TALLAHASSEE, FLOR.

DEC 27 2022

A. Brumbley

2022
DEC 20
11:56 AM

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 262089 8328471

AUTHORIZATION :



COST LIMIT : \$155.00

ORDER DATE : December 19, 2022

ORDER TIME : 9:38 AM

ORDER NO. : 262089-005

CUSTOMER NO: 8328471

FOREIGN FILINGS

NAME: CURATIVE PHARMACY LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
 PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland -- EXT#

EXAMINER: _____

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Curative 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:

Lisa Gratzner

Name of Person

Curative Inc.

Firm/Company

605 E. Huntington Blvd., #205

Address

Monrovia, CA 91016

City/State and Zip Code

legal@curative.com

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

For further information concerning this matter, please call:

Lisa Gratzner

714

3925521

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

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

3. 88-1152958
(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. 2800 Longhorn Blvd., #102
(Street Address of Principal Office)

6. 2800 Longhorn Blvd., #102
(Mailing Address)

Austin, TX 78758
Austin, TX 78758

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

Name: Corporation Service Company

Office Address: 1201 Hays 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.

Alexis Weibnd, assistant vice president
(Registered agent's signature)

APPROVAL
AND
FILED
2022 DEC 20 AM 9:57

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]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>Curative Health Holdings Inc.</u>	<input type="checkbox"/> Manager	Name: <u>Frederick E. Turner</u>
<input checked="" type="checkbox"/> Member	Address: <u>2800 Longhorn Blvd., #102</u>	<input type="checkbox"/> Member	Address: <u>2800 Longhorn Blvd., #102</u>
<input type="checkbox"/> Authorized	<u>Austin, TX 78758</u>	<input type="checkbox"/> Authorized	<u>Austin, TX 78758</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Other <u>Officer</u>	<input checked="" type="checkbox"/> Other <u>President & CEO</u>
<input type="checkbox"/> Manager	Name: <u>Tami Wilson-Ciranna</u>	<input type="checkbox"/> Manager	Name: <u>Crystal Riggs</u>
<input type="checkbox"/> Member	Address: <u>2800 Longhorn Blvd., #102</u>	<input type="checkbox"/> Member	Address: <u>2800 Longhorn Blvd., #102</u>
<input type="checkbox"/> Authorized	<u>Austin, TX 78758</u>	<input type="checkbox"/> Authorized	<u>Austin, TX 78758</u>
Person	_____	Person	_____
<input checked="" type="checkbox"/> Other <u>Officer</u>	<input checked="" type="checkbox"/> Other <u>CFO & Sectry</u>	<input checked="" type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Other <u>VP</u>
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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.

DocuSigned by:

Tami Wilson-Ciranna

8930DD0E2E78C

Signature of an authorized person

Tami Wilson-Ciranna

Typed or printed name of signer

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CURATIVE 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 NINETEENTH DAY OF DECEMBER, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CURATIVE PHARMACY LLC" WAS FORMED ON THE NINTH DAY OF MARCH, A.D. 2022.

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



6665615 8300

SR# 20224315324

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 205137224 .

Date: 12-19-22