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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
red Copies	_ Certificates	of Status
-cial Instructions to	Filing Officer:	
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Office Use Only



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JAN 1 2 2023

K. Brumbley

R. Brumbley

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Art of Inc. File LTD Partnership File Forcign Corp. File LC. File Ficilitous Name File Trade/Service Mark Merger File Art. of Amend. File R. A Resignation Dissolution / Withdrawal Annual Report / Reinstatement Cert. Copy Photo Copy Certificate of Statas Certificat			
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LTD Partnership File			
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Dissolution / Withdrawal			Art. of Amend. File
Annual Report / Reinstatement			RA Resignation
Cert. Copy			Dissolution / Withdrawal
Photo Copy			Annual Report / Reinstatement
Certificate of Good Standing			Cert. Copy
Certificate of Status			Photo Copy
Certificate of Fictitious Name			Certificate of Good Standing
Corp Record Search			Certificate of Status
Officer Search			Certificate of Fictitious Name
Fictitious Search			Corp Record Search
Fictitious Owner Search			Officer Search
Vehicle Search			Fictitious Search
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174 Pender's Printing - Thom (svile, GA-870)			Courier

COVER LETTER

TO: Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Enclosed is a check for the following amount: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	Name	e of Limited Liability Company
Regent Crisostomo Name of Person	losed "Application by Foreign Limited Liability (ce, and check are submitted to register the above	Company for Authorization to Transact Business in Florida," Cert referenced foreign limited liability company to transact business i
Name of Person Health Saver Pharmacy Firm/Company 520 13th Street Address Saint Cloud, FL 34769 City/State and Zip Code compliance@healthsaverpharmacy.com E-mail address: (to be used for future annual report notification) er information concerning this matter, please call: Regent Crisostomo Address Regent Crisostomo At at (eturn all correspondence concerning this matter to	o the following:
Firm/Company 520 13th Street Address Saint Cloud, FL 34769 City/State and Zip Code compliance@healthsaverpharmacy.com E-mail address: (to be used for future annual report notification) er information concerning this matter, please call: Regent Crisostomo Name of Contact Person Area Code Name of Contact Person Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Enclosed is a check for the following amount: Firm/Company Firm/Company 520 13th Street Address Address Sup-3266 Area Code Daytime Telephone Number Street Address: Registration Section Division of Corporations The Centre of Tallahassee Tallahassee, FL 32314 Enclosed is a check for the following amount:	Regent Crisostomo	
Firm/Company 520 13th Street Address Saint Cloud, Fl. 34769 City/State and Zip Code compliance@healthsaverpharmacy.com E-mail address: (to be used for future annual report notification) er information concerning this matter, please call: Regent Crisostomo at (Name of Person
Saint Cloud, FL 34769 City/State and Zip Code compliance@healthsaverpharmacy.com E-mail address: (to be used for future annual report notification) er information concerning this matter, please call: Regent Crisostomo Name of Contact Person Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Enclosed is a check for the following amount: Address: Address: 809-3266 Daytime Telephone Number Division of Corporations Division of Corporations Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	Health Saver Pharmacy	
Saint Cloud, FL 34769 City/State and Zip Code compliance@healthsaverpharmacy.com E-mail address: (to be used for future annual report notification) er information concerning this matter, please call: Regent Crisostomo Name of Contact Person Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Enclosed is a check for the following amount: City/State and Zip Code City/State and Zip Code City/State and Zip Code Caty Code Area Code Daytime Telephone Number Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	-	Firm/Company
City/State and Zip Code compliance@healthsaverpharmacy.com E-mail address: (to be used for future annual report notification) er information concerning this matter, please call: Regent Crisostomo Name of Contact Person Area Code Daytime Telephone Number Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Enclosed is a check for the following amount:	520 13th Street	
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Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Enclosed is a check for the following amount: Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	Mailing Address:	
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Tallahassee, FL 32303 Enclosed is a check for the following amount:		
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	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 & ☐ \$155.00 Filing Fee & ☐ \$160.00 Filing Fee, Cer		

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:

ime unavailable, enter alternate	name adopted for the purpose of transacting business in l	Florida. The alternate name must include "Limited Liab	ility Company," "L.L.C." or "LLC
DE		87-4408881	
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	3. (FEI number,	if applicable)
	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605,0905, F.S. to determ	o registration.) nine penalty liability)	_
520 13th Street		520 13th Street	
et Address of Principal Office)		6. (Mailing Address)	
Saint Cloud, FL 34769	ı	Saint Cloud, FL 34769	
Name:	Registered Agents Inc.		FRED 023 JAN 12 AM
	7901 4th Street N, Ste 300		9: 26
Office Address:			- ·
Office Address:	St. Petersburg	33702 , Florida(Zip code)	

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: Title or Capacity: Name and Address: Name and Address: Regent Crisostomo □Manager Name: □Manager Name: Address: 520 13th Street □Member □Member Address: Saint Cloud, FL 34769 **■**Authorized □ Authorized Person Person □Other □Other Other____Other_ □Manager Name: _____ □Manager Name: ___ □ Member Address: □ Member Address: ☐ Authorized □ Authorized Person Person □Other □Other □Other □Manager Name: _____ Name: □Manager ☐Member Address: □Member Address: □ Authorized ☐ Authorized Person Person □Other Other_ □Other □Other Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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

Typed or printed name of signee

Managing Member



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "HEALTH SAVER 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 TWELFTH DAY OF JANUARY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HEALTH SAVER

PHARMACY LLC" WAS FORMED ON THE TWELFTH DAY OF AUGUST, A.D. 2021.

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



Authentication: 202480122

Date: 01-12-23