

M 2300000 6981

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

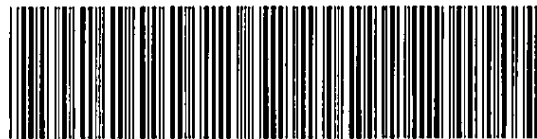
(Document Number)

Certified Copies _____

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

RE: Rejected Filing W23000071871

To Whom It May Concern,

Please accept the attached as a corrective filing for American Pharmacy Marketing, LLC for a Foreign Corporation. The attached copy is typed and attached is the Certificate of Good Standing from Delaware which was missing initially. Thank you for your consideration.

Sincerely,



Donald Pierce
American Pharmacy Marketing, LLC
727-657-5465

Stanton's

RECEIVED
MAY 30 2023

COVER LETTER

**TO: Registration Section
Division of Corporations**

American Pharmacy Marketing, LLC

SUBJECT: _____
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:

Donald Pierce

Name of Person

American Pharmacy Marketing, LLC

Firm/Company

110 Poinciana Ln

Address

Largo FL 33770

City/State and Zip Code

don@americanpharmacymarketing.com

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

For further information concerning this matter, please call:

Donald Pierce

727

657-5465

Name of Contact Person at (_____) _____
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:

American Pharmacy Marketing LLC

1. _____
(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.")

Delaware

N/A

2. _____ 3. _____
(Jurisdiction under the law of which foreign limited liability company is organized) (FBI number, if applicable)

N/A

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

110 Poinciana Ln

110 Poinciana Ln

5. _____ 6. _____
(Street Address of Principal Office) (Mailing Address)

Largo FL 33770

Largo FL 33770

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

Jamie Prockop

Name: _____

601 S Harbour Island Blvd Suite 100

Office Address: _____

Tampa

33602

_____, Florida _____
(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)

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: Donald Pierce
Address: 110 Poinciana Ln
Largo FL, 33770
☐ Member
☐ Authorized
Person
☐ Other ☐ Other

☐ Manager Name: Eric Pierce
Address: 522 E 8 Mile Rd
Sault Ste Marie, MI 49783
☒ Member
☐ Authorized
Person
☐ Other ☐ Other

☐ Manager Name:
Address:
☐ Member
☐ Authorized
Person
☐ Other ☐ Other

Title or Capacity: **Name and Address:**
☐ Manager Name: Jamie Prockop
Address: 601 S Harbour Island Blvd
Suite 100
Tampa FL, 33602
☒ Member
☐ Authorized
Person
☐ Other ☐ Other

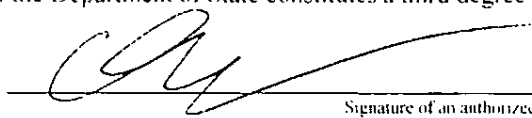
☐ Manager Name: Jean Pierce
Address: 522 E 8 Mile Rd
Sault Ste Marie, MI 49783
☒ Member
☐ Authorized
Person
☐ Other ☐ Other

☐ Manager Name:
Address:
☐ Member
☐ 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.


Signature of an authorized person

Donald Pierce

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 "AMERICAN PHARMACY MARKETING 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 TWENTY-SECOND DAY OF MAY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AMERICAN PHARMACY MARKETING LLC" WAS FORMED ON THE EIGHTEENTH DAY OF APRIL, A.D. 2023.

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



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.

7414696 8300

SR# 20232245959

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

Authentication: 203394431

Date: 05-22-23