

M24000004094

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

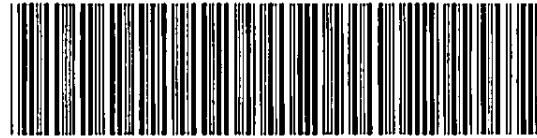
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DEPARTMENT OF  
CORPORATIONS  
TALLAHASSEE, FLORIDA

2024 MAR 28 AM 11:30

RECEIVED

MAR 29 2024

K. Brumbley

18

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

ACCOUNT NO. : I20000000195

REFERENCE : 323406 8290899

AUTHORIZATION :

COST LIMIT : \$ 125.00



ORDER DATE : February 16, 2024

ORDER TIME : 3:56 PM

ORDER NO. : 323406-490

CUSTOMER NO: 8290899

FOREIGN FILINGS

NAME: COVERMYMEDS PHARMACY LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Miller -- EXT#

EXAMINER: \_\_\_\_\_

**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. CoverMyMeds 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. DE

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

3. 84-2471920

(FEI number, if applicable)

4. 03/01/2024

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

5. 4971 Southridge Blvd., Suite 115

(Street Address of Principal Office)

6. 4971 Southridge Blvd., Suite 115

(Mailing Address)

Memphis, TN 38141

Memphis, TN 38141

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

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee

(City)

Florida

32301

(Zip code)

2024 MAR 28 PM 1:56

**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.*

Corporation Service Company

By: 

(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]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>McKesson Distribution Holdings LLC</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Clay Courville</u>
<input checked="" type="checkbox"/> Member	Address: <u>6535 State Hwy 161</u>	<input type="checkbox"/> Member	Address: <u>6535 State Hwy 161</u>
<input type="checkbox"/> Authorized	<u>Irving, TX 75039</u>	<input type="checkbox"/> Authorized	<u>Irving, TX 75039</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input checked="" type="checkbox"/> Manager	Name: <u>Franklin Childress</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Laurie Garda</u>
<input type="checkbox"/> Member	Address: <u>6535 State Hwy 161</u>	<input type="checkbox"/> Member	Address: <u>6535 State Hwy 161</u>
<input type="checkbox"/> Authorized	<u>Irving, TX 75039</u>	<input type="checkbox"/> Authorized	<u>Irving, TX 75039</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input checked="" type="checkbox"/> Manager	Name: <u>Saralisa Brau</u>	<input type="checkbox"/> Manager	Name: <u>Juliet Pate</u>
<input type="checkbox"/> Member	Address: <u>6535 State Hwy 161</u>	<input type="checkbox"/> Member	Address: <u>6535 State Hwy 161</u>
<input type="checkbox"/> Authorized	<u>Irving, TX 75039</u>	<input checked="" type="checkbox"/> Authorized	<u>Irving, TX 75039</u>
Person	_____	Person	<u>Assistant Secretary</u>
<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.

Juliet Pate

\_\_\_\_\_  
Signature of an authorized person

Juliet Pate

\_\_\_\_\_  
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 "COVERMYMEDS 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 ELEVENTH DAY OF MARCH, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "COVERMYMEDS PHARMACY LLC" WAS FORMED ON THE FIFTH DAY OF JUNE, A.D. 2019.

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



7455099 8300

SR# 20240956785

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

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line.

Jeffrey W. Bullock, Secretary of State

Authentication: 202992477

Date: 03-11-24