

M24000004402

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

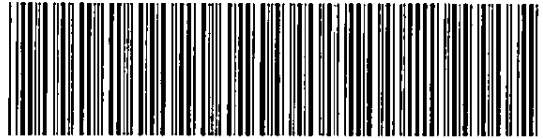
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W24-51938

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2024 APR -1 AM 11:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2024 MAR 29 PM 2:57

APR 05 2024

K. Brumbley



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 1, 2024

COGENCY GLOBAL

SUBJECT: POLARIS PHARMACY SERVICES OF WARRINGTON, LLC  
Ref. Number: W24000051938

We have received your document for POLARIS PHARMACY SERVICES OF WARRINGTON, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the complete business name for the entity listed as Member in section 8.,

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.

KYLE D BRUMBLEY  
Regulatory Specialist II Supervisor

Letter Number: 324A00006955

Please  
Keep  
Original  
file date  
of  
3/29/2024

RECEIVED  
2024 APR -4 PM 4:29  
DIVISION OF CORPORATIONS - TALLAHASSEE, FLORIDA



115 N CALHOUN ST., STE. 4  
TALLAHASSEE, FL 32301  
P: 866.625.0838  
F: 866.625.0839  
COGENCYGLOBAL.COM

Account#: 120000000088  
If there are any issues  
please contact Patrice at  
850-202-9071

Date: 04/04/2024

Name: Patrice Rush

Reference #: 2310136

Entity Name: POLARIS PHARMACY SERVICES OF WARRINGTON, LLC

☒ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion


☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other \_\_\_\_\_

Authorized Amount: \$125.00

Signature: 

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Polaris Pharmacy Services of Warrington, 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:

Lorenzo Bivens

Name of Person

Rosenberg Martin Greenberg LLP

Firm/Company

25 S Charles St 21st floor

Address

Baltimore, MD 21201

City/State and Zip Code

lbivans@rosenbergmartin.com

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

For further information concerning this matter, please call:

Lorenzo Bivens

Name of Contact Person

410

Area Code

727-6600

Daytime Telephone Number

**MAILING ADDRESS:**

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

**STREET ADDRESS:**

Division of Corporations  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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. Polaris Pharmacy Services of Warrington, 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. PENNSYLVANIA, USA  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. \_\_\_\_\_  
(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. 2900 NW 60th Street  
(Street Address of Principal Office)

6. 2900 NW 60th Street  
(Mailing Address)

Fort Lauderdale, FL, USA 33309

Fort Lauderdale, FL, USA 33309

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

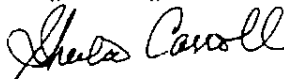
Name: Cogency Global Inc.

Office Address: 115 North Calhoun St. Suite 4

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.*



(Registered agent's signature)

Sheila Carroll, Assistant Secretary

2024 MAR 29 PM 2:57

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>David W Rombro</u>	<input type="checkbox"/> Manager	Name: <u>Polaris Pharmacy Services of Philadelphia, LLC</u>
<input type="checkbox"/> Member	Address: <u>2900 NW 60th Street</u>	<input checked="" type="checkbox"/> Member	Address: <u>2900 NW 60th Street</u>
<input checked="" type="checkbox"/> Authorized	<u>Fort Lauderdale, FL, USA 33309</u>	<input type="checkbox"/> Authorized	<u>Fort Lauderdale, FL, USA 33309</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>Lorenzo Bivens</u>	<input type="checkbox"/> Manager	Name: <u>Bobby Lindsey</u>
<input type="checkbox"/> Member	Address: <u>25 S Charles St 21st floor</u>	<input type="checkbox"/> Member	Address: <u>25 S Charles St 21st floor</u>
<input checked="" type="checkbox"/> Authorized	<u>Baltimore, MD 21201</u>	<input checked="" type="checkbox"/> Authorized	<u>Baltimore, MD 21201</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<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.



Signature of an authorized person

Bobby Lindsey

Typed or printed name of signee

**Pennsylvania Department of State**  
Bureau of Corporations and Charitable Organizations  
PO Box 8722 | Harrisburg, PA 17105-8722  
T: 717-787-1057  
[dos.pa.gov/BusinessCharities](https://dos.pa.gov/BusinessCharities)

**Regarding:** Polaris Pharmacy Services of Warrington, LLC  
**Request Type:** Subsistence Certificate **Issuance Date:** March 29, 2024  
**Request No.:** 033237122 **File No.:** 0012929110  
**Receipt No.:** 000979565  
**Filing Type:** Domestic Limited Liability Company  
**Filing Subtype:** Limited Liability Company  
**Initial Filing Date:** March 30, 2023  
**Status:** Active

**TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:**

I DO HEREBY CERTIFY THAT

Polaris Pharmacy Services of Warrington, LLC

is currently subsisting on the records of the Department of State as of the issuance date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have  
hereunto set my hand and caused the seal  
of my office to be affixed, the day and year  
above written

**Albert Schmidt**  
Secretary of the Commonwealth

Verify this certificate online at [www.file.dos.pa.gov](https://www.file.dos.pa.gov)