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Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (614)280-3338  
Fax Number : (614)573-3996

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: licensing@strivepharmacy.com

Foreign Limited Liability Company  
STRIVE PHARMACY VIRGINIA LLC

|                       |          |
|-----------------------|----------|
| Certificate of Status | 0        |
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2024 MAY 23 AM 11:25

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

2024 MAY 23 PM 3:08

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS  
IN FLORIDA

IN COMPLIANCE WITH SECTION 065.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY  
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Strive Pharmacy Virginia LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "L.L.C.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "L.L.C.")

2. Wyoming 3. 99-1946849  
(Jurisdiction under the law of which foreign limited liability company is organized) (FBI number, if applicable)

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

5. 36-C Catoctin Cir SE 6. 325 North Ash St Ste 203  
(Street Address of Principal Office) (Mailing Address)

Leesburg, VA 20175 Gilbert, AZ 85233

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

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324  
(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.

By: Denise Bell Denise Bell, Assistant Secretary  
(Registered agent's signature)

2024 MAY 23 PM 3:08

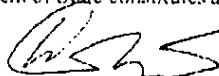
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

| <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>Nathan Hill</u>             | <input type="checkbox"/> Manager     | Name: _____                          |
| <input checked="" type="checkbox"/> Member | Address: <u>36-Catoctin Cir SE</u>   | <input type="checkbox"/> Member      | Address: _____                       |
| <input type="checkbox"/> Authorized        | <u>Leesburg, VA 20175</u>            | <input type="checkbox"/> Authorized  | _____                                |
| Person                                     | _____                                | Person                               | _____                                |
| <input type="checkbox"/> Other _____       | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |
| <br><input type="checkbox"/> Manager       | <br>Name: <u>Michael Walker</u>      | <br><input type="checkbox"/> Manager | <br>Name: _____                      |
| <input checked="" type="checkbox"/> Member | Address: <u>36-Catoctin Cir SE</u>   | <input type="checkbox"/> Member      | Address: _____                       |
| <input type="checkbox"/> Authorized        | <u>Leesburg, VA 20175</u>            | <input type="checkbox"/> Authorized  | _____                                |
| Person                                     | _____                                | Person                               | _____                                |
| <input type="checkbox"/> Other _____       | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |
| <br><input type="checkbox"/> Manager       | <br>Name: _____                      | <br><input type="checkbox"/> Manager | <br>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

Chase Westen

Typed or printed name of signer

**STATE OF WYOMING**  
**Office of the Secretary of State**

I, CHUCK GRAY, Secretary of State of the State of Wyoming, do hereby certify that according to the records of this office,

**Strive Pharmacy Virginia LLC**  
is a  
**Limited Liability Company**

formed or qualified under the laws of Wyoming did on **March 15, 2024** with a delayed effective date of March 16, 2024, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2024-001426804**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 25th day of April, 2024 at 1:45 PM. This certificate is assigned ID Number 072192527.



  
Secretary of State