

M24000014622

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

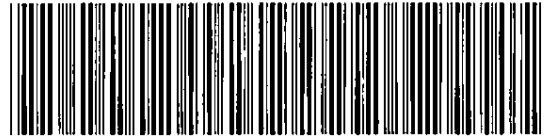
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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2024 NOV 18 PM 2:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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2024 NOV 18 PM 3:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOV 18 2024

K Brumbley



CSC - Tallahassee
1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext: x61563

To: Department Of State, Division Of Corporations
From: Shauna Godbolt
Ext: x61563
Date: 11/18/24
Order #: 1681457-1
Re: Walgreens Health Services LLC
Processing Method: Routine

A handwritten signature in black ink, appearing to read "Shauna Godbolt", is written over the signature line.

TO WHOM IT MAY CONCERN:

Enclosed please find:

- Application for Certificate of Authority
- Amount to be deducted from our State Account: \$130.00 - FL State Account Number: 120000000195
- Certificate of Good Standing from State of Incorporation

Please take the following action:

- File in your office on basis
- Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Walgreens Health Services 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:

Name of Person

Firm/Company

Address

City/State and Zip Code

entitymanager@walgreens.com

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

For further information concerning this matter, please call:

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:

1. Walgreens Health Services 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. Delaware 86-3457164
(Jurisdiction under the law of which foreign limited liability company is organized) (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. 108 Wilmot Road 104 Wilmot Road, MS 144E
(Street Address of Principal Office) (Mailing Address)
Deerfield, IL 60015 Deerfield, IL 60015

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

Name: Corporation Service Company
Office Address: 1201 Hays Street
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.

Shauna Godbolt

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AND
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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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>Mark Weisz</u>	<input type="checkbox"/> Manager	Name: <u>Omorlie Harris</u>
<input type="checkbox"/> Member	Address: <u>108 Wilmot Road</u>	<input type="checkbox"/> Member	Address: <u>108 Wilmot Road</u>
<input checked="" type="checkbox"/> Authorized	<u>Deerfield, IL 60015</u>	<input checked="" type="checkbox"/> Authorized	<u>Deerfield, IL 60015</u>
Person	_____	Person	_____
<input type="checkbox"/> Other <u>President</u>	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other <u>Treasurer</u>	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>Brittany Mack</u>	<input type="checkbox"/> Manager	Name: <u>Michael Emerson</u>
<input type="checkbox"/> Member	Address: <u>108 Wilmot Road</u>	<input type="checkbox"/> Member	Address: <u>108 Wilmot Road</u>
<input checked="" type="checkbox"/> Authorized	<u>Deerfield, IL 60015</u>	<input checked="" type="checkbox"/> Authorized	<u>Deerfield, IL 60015</u>
Person	_____	Person	_____
<input type="checkbox"/> Other <u>Asst Treasurer</u>	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other <u>VP. Tax</u>	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>Joseph B. Amsbary, Jr.</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>108 Wilmot Road</u>	<input type="checkbox"/> Member	Address: _____
<input checked="" type="checkbox"/> Authorized	<u>Deerfield, IL 60015</u>	<input checked="" type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input checked="" type="checkbox"/> Other <u>VP & Secretary</u>	<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.

Signed by: Mark Weisz
DOER5362BA114A0
Signature of an authorized person

Mark Weisz, President

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 "WALGREENS HEALTH SERVICES 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 FIFTEENTH DAY OF NOVEMBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "WALGREENS HEALTH SERVICES LLC" WAS FORMED ON THE TWENTY-NINTH DAY OF MARCH, A.D. 2021.

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




Jeffrey W. Bullock, Secretary of State

5701094 8300

SR# 20244231013

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

Authentication: 204890297

Date: 11-15-24