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CT CORPORATION SYSTEM			<i>ی</i>	
Requestor's Name 660 East Jefferson Str	reet			S. 58 PH 3: 58
Address Tallahassee, FL 32301	222-1092		(8 20 C
City State Zip	Phone			3.
CORPORATI	ON(S) NAME			0.45
The Haward Orc	ig Group, 1	LLC.	30002229 -07/02/970 3000122329 -07/02/970 ****250.00	T306 1065025 1****35.00 1065024 *****250.00
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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	pany must end with t	he words 'limited company' or their ab Note: I.L.C. Is not an acceptable suffix	
7. <u>Michigan</u> (Jurisdiction under the law of which for company is organized)	oreign limited liability	3. Applied for (FEI number, if applicable	e)
4. June 24, 1997 (Date of Organization)	(Duration	mber 31, 2047 n: Year limited liability company will cea petual?	se to exist
6. N/A - will commence of Oate first transacted business in F	on 7/1/97 Iorida. (See sections 60)	3.501, 608.502, and 817.155, F.S.J	
731778 Enterprise Drive			
Livonia, Michigan 48150 (Street ac	ddress of principal of	fice)	
 List and indicate in title space p member[MGRM] or manager[N (attach additional page if necessary) 	MGR]. It is not ne		ach managing
NAME & ADDRESS:	TITLE:	NAME & ADDRESS:	TITLE:
GREAT LAKES WHOLESALE DRUGS,	INC MGR		
31778 Enterprise Drive			
Livonia, MI 48150	•		
			

Filing Fee: \$ 52.50 for Application

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS OF FOREIGN LIMITED LIABILITY COMPANY

RANDOLPH J. FRIEDMAN, President

*This information is currently unavailable; the information will be provided within the next 30 days on a Supplemental Affidavit of Capital Contributions

Filing Fee: \$ 52.50 for Affidavit

for a Limited Liability Company.

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: THE HARVARD DRUG GROUP, L.L.C. 35 OPTION 100 STATEM (Name)

CT CORPORATION SYSTEM (Name)

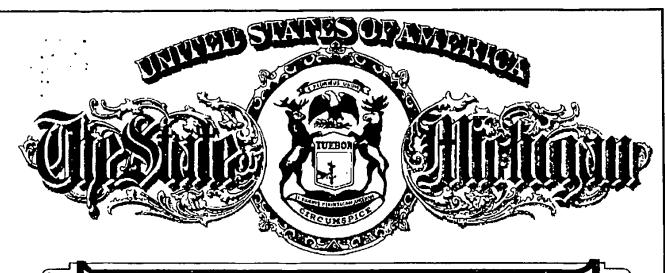
C/O CT CORPORATION, 1200 South Pine Island Road, (P.O. Box pg acceptable)

Plantation, Florida 33324 (City/Sume/Zip)

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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

CT CORPORATION SYSTEM	6-26-97	
(Signature)	(Date)	
Assistant Vice President		
(Title)		

FILING FEE: \$ 35 for Designation of Registered Agent



Michigan Department of Consumer and Industry Services

Lansing, Michigan

This is to Certify That

THE HARVARD DRUG GROUP, L.L.C.

a Michigan limited liability company, filed Articles of Organization in this office on June 24, 1997.

I FURTHER CERTIFY that the Articles are in full force and effect as of this date, and a Certificate of Dissolution has not been filed.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.

In testimony whereof, I have hereunto set my hand and affixed the Seal of the Department, in the City of Lansing, this 26th day of June, 1997.

, Acting Director

Corporation, Securities and Land Development Bureau

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