



0005061923

**STATE OF IDAHO***Office of the secretary of state, Phil McGrane***FOREIGN REGISTRATION STATEMENT (LIMITED LIABILITY COMPANY)**

Idaho Secretary of State
PO Box 83720
Boise, ID 83720-0080
(208) 334-2301
Filing Fee: \$100.00

*For Office Use Only***-FILED-**

File #: 0005061923

Date Filed: 1/11/2023 3:41:10 PM

Foreign Registration Statement (Limited Liability Company)

Select one: Standard, Expedited or Same Day Service (see descriptions below) Standard (filing fee \$100)

1. The name this limited liability company will use in Idaho is:

Type of Limited Liability Company

Foreign Limited Liability Company

Entity name

Jackson Pharmacy Professionals, LLC

Jackson Pharmacy Professionals, LLC

2. Home Jurisdiction

The jurisdiction of formation is:

GEORGIA

3. The street address of its domestic principal office (if required by the laws of the jurisdiction of formation) is:

Street Address

TIPHANIE MCAFEE
2655 NORTHWINDS PARKWAY
ALPHARETTA, GA 30009

4. The mailing address of its domestic principal office (if required by the laws of the jurisdiction of formation) is:

Mailing Address

TIPHANIE MCAFEE
2655 NORTHWINDS PARKWAY
ALPHARETTA, GA 30009

5. The complete street address of the principal office is:

Principal Office Address

TIPHANIE MCAFEE
2655 NORTHWINDS PARKWAY
ALPHARETTA, GA 30009

6. The mailing address of the principal office is:

Mailing Address

TIPHANIE MCAFEE
2655 NORTHWINDS PKWY
ALPHARETTA, GA 30009-2280

7. Registered Agent Name and Address

Registered Agent

CORPORATION SERVICE COMPANY
Commercial Registered Agent

Physical Address

1305 12TH AVE RD
NAMPA, ID 83686

Mailing Address

1305 12TH AVE RD
NAMPA, ID 83686

☒ I affirm that the registered agent appointed has consented to serve as registered agent for this entity.

8. Governors

Name	Title	Address
Jackson Pharmacy Professionals Holdings, LLC	Member	TIPHANIE MCAFEE 2655 NORTHWINDS PKWY ALPHARETTA, GA 30009-2280

Signature of individual authorized by the entity to sign:



Tiphonie McAfee

01/11/2023

Sign Here

Date

Job Title: Authorized Person

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STATE OF GEORGIA

Secretary of State

Corporations Division

313 West Tower

2 Martin Luther King, Jr. Dr.

Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, **Brad Raffensperger**, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

JACKSON PHARMACY PROFESSIONALS, LLC

a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 24241890
Date Inc/Auth/Filed: 02/22/2010
Jurisdiction : Georgia
Print Date : 01/11/2023
Form Number : 211



Brad Raffensperger

Brad Raffensperger
Secretary of State