

COMMONWEALTH OF KENTUCKY ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

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Alison Lundergan Grimes Kentucky Secretary of State Received and Filed: 4/19/2012 12:00 AM Fee Receipt: \$90.00

Division of Business Filings	Certificate of Authority			FBE	
Business Filings PO Box 718	(Foreign Business Entit	v)		, 32	
Frankfort, KY 40602	(, ,			
(502) 564-3490					
www.sos.ky.gov		···			
Pursuant to the provisions of KRS 14A a on behalf of the entity named below and	and KRS 271B, 273, 274,275, 362 and 3 , for that purpose, submits the following	86 the undersigner statements:	d hereby applies for au	athority to transact business in Kentucky	
4 The region is a company of the company	(VDC 274D)				
		rporation (KRS 27 ity company (KRS		onal service corporation (KRS 274).	
		ity company (KRS	2/5). professio	onal limited liability company (KRS 275)	
	rtnership (KRS 362).				
Z. The hame of use thing is	an Pharmacy of Tennessee				
(The name m	ust be identical to the name on record with	the Secretary of Str	ate.)		
3. The name of the entity to be used in	Kentucky is (if applicable):				
· · · · · · · · · · · · · · · · · · ·	(Only provide	if "real name" is uni	available for use; otherw	rise, leave blank.)	
4. The state or country under whose lav	w the entity is omanized is Georgia				
5. The date of organization is Augus	t 6, 2009	nd the period of di	uration is perpetua		
5. 1770 GERO OF O. Marines 2007 &	V	ind the period of ot		left blank, the period of duration	
6. The mailing address of the entity's pi	rincinal office is			is considered perpetual.)	
	·	Atlanta	C 4	20000	
1776 Peachtree Rd NW, St	ille 500, South Tower	Atlanta	GA	30309	
Street Address		City	State	Zip Code	
7 The street address of the entity's reg	istered office in Kentucky is				
400 West Market Street, Su	ite 1800	Louisville	KY	40202	
Street Address (No P.O. Box Numbers)		City	State	Zip Code	
•	(National Desistan	•		Zp Code	
and the name of the registered agent at	that office is National Registere	d Agents, inc	j.		
	of the entity's representatives (secretary				
6. The names and odsmess addresses	of the entity's representatives (secretary	, unicers and unec	JOIS, Managers, Ruste	es or general partners):	
Fred P. Burke	1776 Peachtree Rd NW, Suite 500, South Tower	Atlanta	GA	30309	
Name	Street or P.O. Box	City	State	Zip Code	
David K. Morris	1776 Peachtree Rd NW, Suite 500, South Tower	Atlanta	GA	30309	
Name	Street or P.O. Box	City	State	Zip Code	
G. Kendall Forbes	1776 Peachtree Rd NW, Suite 500, South Tower	Atlanta	GA	·	
	· ····			30309	
Name SEE ATTACHED FOR ADDITIONAL	Street or P.O. Box PEPRESENTATIVES	City	State	Zip Code	
9. If a professional service corporation,	all the Individual shareholders, not less the states or territories of the United State	han one half (1/2) as or District of Col	of the directors, and all lumbia to render a prof	of the officers other than the secretary essional service described in the	
statement of purposes of the corporatio					
and attached an atthe date of the mi	Abric configuration about the configuration of the				
	this application, the above-named entity	•	المنابع المنابع	ction of its formation.	
11. If a limited partnership, it elects to	be a limited liability limited partnershi	p. Check the box	x if applicable:		
42 This analisation will be affective upo	on filling, unless a delayed affective date.	and/or time is neces	ii alaa a		
	on filling, unless a delayed effective date live date cannot be prior to the date the a			, upon filing	
11/7 (4/)	, , , , , , , , , , , , , , , , , , ,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		(Delayed effective date and/or time)	
[]]}\[\frac{1}{2}\]		ivid K. Morris, Manager			
gnature of Authorized Representative		Printed Name & Title		April 18, 2012	
Sidilatria or varioreta valuesa antia		, miles itemit & i	•u ≠	O419	
National Pogists	rod Agenta Inc				
	ered Agents, Inc., cons	ent to serve as the	registered agent on be	ehalf of the business entity.	
Type/Print Name of Registered Agent					
Charles Cooling	Charles C	ovle	Asst. Secy	7· 4-18-2012	
Signature of Registered Agent	Printed Name		Thie Thie	Date	

(01/12)

Attachment to Guardian Pharmacy of Tennessee One, LLC Kentucky Certificate of Authority

8. The names and business addresses of the entity's representatives (secretary, officers, directors, managers, trustees or general partners) (continued):

David Brown	336 South Cannon Street,	Shelbyville,	TN	37160
Name	Street or P.O. Box	City	State	Zip Code
Russ Spivey	336 South Cannon Street,	Shelbyville,	TN	37160
Name	Street or P.O. Box	City	State	Zip Code