

BIS0000000217

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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15 JUL 15 PM 12:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

~~W15000046934~~



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

15 JUL 28 PM 3: 22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

July 13, 2015

DESTRY SETSER
3607 OLD CONEJO RD
THOUSAND OAKS, CA 91320 US

SUBJECT: PROFICIENT RX LP
Ref. Number: W15000046934

We have received your document for PROFICIENT RX LP and your check(s) totaling \$1000.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Florida Statutes require an entity to designate a street address for its principal office address. A post office box is not acceptable for the principal office address. The entity may, however, designate a separate mailing address. The mailing address may be a post office box.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yasemin Y Sulker
Regulatory Specialist II

Letter Number: 115A00014620

APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR
LIMITED LIABILITY LIMITED PARTNERSHIP
TO TRANSACT BUSINESS IN FLORIDA

1. Proficient Rx LP

(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix)

Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.

Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.

If name unavailable, name under which the limited partnership or limited liability limited partnership proposes to register to transact business in Florida; must contain acceptable suffix.

2. California, USA

State or Country of Formation

3. 01/29/2014

Date of Formation

4. Federal Employer Identification Number 46-4037978

5. Name of Registered Agent for Service of Process and Florida Street Address:

Incorp Services, Inc.

17888 67th Court North

Loxahatchee FL, 33470

6. 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.

M M Natalie Bales on behalf of Incorp Services, Inc.
Signature of Registered Agent

7. Principal Office:

PROFICIENT RX LP

3607 OLD CONEJO RD.

THOUSAND OAKS CA 91320

8. Mailing Address:

SAME AS PRINCIPAL

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9. If limited partnership is a limited liability limited partnership, check box .

10. Name, principal office address, and mailing address of each general partner:

Name of General Partner: Ahron Greenwald

Street Address: 272 Locust Ave.

Oak Park, CA 91377

Mailing Address: 3607 Old Conejo Rd.

Thousand Oaks, CA 91320

Name of General Partner: Destry Setser

Street Address: 1323 Country Ranch Rd

Westlake Village, CA 91360

Mailing Address: 3607 Old Conejo Rd.

Thousand Oaks, CA 91320

Name of General Partner: Reset Holdings, LLC.

Street Address: 3607 Old Conejo Rd.

Thousand Oaks, CA 91320

Mailing Address: Same as above

Name of General Partner: _____

Street Address: _____

Mailing Address: _____

Name of General Partner: _____ Name of General Partner: _____

Street Address: _____ Street Address: _____

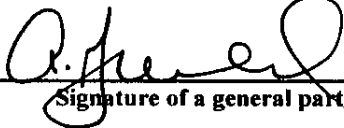
Mailing Address: _____ Mailing Address: _____

11. Effective date, if other than the date of filing: _____

(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

12. Attached is a certificate of existence duly authenticated, not more than 90 days prior to the delivery of this application to the Florida Department of State, by the Secretary of State or other official having custody of the entity's records in the jurisdiction under the law of which it is organized.

Signed this 8th day of JULY, 2015.



Signature of a general partner

The individual signing this document affirm that the facts stated herein are true and the individual is aware that 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.

Filing Fees:	\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)
Certified Copy (optional):	\$52.50
Certificate of Status (optional):	\$8.75

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TALLAHASSEE, FLORIDA

State of California
Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME: PROFICIENT RX LP

FILE NUMBER: 201403100008
FORMATION DATE: 01/29/2014
TYPE: DOMESTIC LIMITED PARTNERSHIP
JURISDICTION: CALIFORNIA
STATUS: ACTIVE (GOOD STANDING)

I, ALEX PADILLA, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of June 3, 2015.

A handwritten signature in black ink, appearing to read "Alex Padilla".

ALEX PADILLA
Secretary of State

MAK