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(5.3, 5.3.6.5.4,	
PICK-UP WAIT MAIL	
(Dusiness Entity Mores)	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
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Office Use Only

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07/09/12--01034--021 **78.75

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COVER LETTER

PO: New Filing Section Division of Corporations			
SUBJECT: AcariaHealth, Inc.			
	n - must include suffix		
Dear Sir or Madam:			
The enclosed "Application by Foreign Corporation for 'Certificate of Existence," or "Certificate of Good Star above referenced foreign corporation to transact busin	nding" and check are subn		
Please return all correspondence concerning this matte	er to the following:		
Renee Crain			
Name of	f Person		
AcariaHealth, Inc.			
Firm/Cor	npany		
6923 Lee Vista Blvd., Suite 300			
Addı	ress		
Orlando, FL. 32822			
City/State	and Zip code		
icensing@acariahealth.com			
E-mail address: (to be used	for future annual report no	otification)	
For further information concerning this matter, please	call:		<u>U</u>
Renee Crain) 903-1308 ext 10	134	7 TVIS
	Code & Daytime Telepho		IVISION OF C
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	MAILING AD New Filing Sec Division of Con P.O. Box 6327 Tallahassee, FL	ction rporations	COMPORATIONS PH 3: 43
Enclosed is a check for the following amount:			
\$70.00 Filing Fee \$\text{Certificate of Status}\$	\$78.75 Filing Fee & Certified Copy	\$87.50 Fili Certificate Certified C	of Status &

Specialty Therapeutic **Care**



August 7, 2012

FL. Department of State Division of Corporations PO Box 6327 Tallahassee, FL. 32314

Re: Reference # W12000036756

Dear Division of Corporations:

Attached is the revised application for AcariaHealth, Inc., reference # W12000036756. Please advise if you have any other questions or concerns.

Sincerely,

Renee Crain

Contract Administrator

Rener Crain

SECRETARY OF STATE OF CORPORATIONS



August 1, 2012

RENEE CRAIN 6923 LEE VISTA BLVD. SUITE 300 ORLANDO, FL 32822

SUBJECT: ACARIAHEALTH, INC. Ref. Number: W12000036756

We have received your document for ACARIAHEALTH, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

Please return the corrected original and one copy of 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) 245-6052.

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 112A00020109

SECRETARY OF STATE OF STATE OF CORPORATIONS



July 11, 2012

RENEE CRAIN 6923 LEE VISTA BLVD. SUITE 300 ORLANDO, FL 32822

SUBJECT: ACARIAHEALTH, INC. Ref. Number: W12000036756

We have received your document for ACARIAHEALTH, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

According to the application submitted to this office, this entity transacted business in the state of Florida before properly registering with the Florida Department of State, Division of Corporations. Consequently, a \$500 civil penalty and an annual report filing fee for each year the entity failed to properly file a Florida annual report are due this office. Based on the date entered on the application, the civil penalty and annual report filing fees total \$650.00.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

Please return the corrected original and one copy of 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) 245-6052.

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 612A00018603

SECRETARY OF STATE CORPORATIONS

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT **BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

(If name unavail	able in Florida, enter alternate corporate na	ame adopted for the purpose of transacting business	s in Florida)
Delaware		3. 45-2780334	
State or country	under the law of which it is incorporated)	(FEI number, if applicable)	
06-17-2011		5. <u>Perpetual</u>	
(Date	of incorporation)	(Duration: Year corp. will cease to exist or "	perpetual")
08-20-2011			
	•	ess in Florida, if prior to registration) 17.1502, F.S., to determine penalty liability)	
6923 Lee \	ista Blvd., Suite 300 Orland	lo, FL. 32822	
	(Principal office	address)	
923 Lee '	Vista Blvd., Suite 300 Orla		
	(Current mailing	address)	
Corporate	Headquarters of pharmacy	<i>1</i>	12
(Purpose(s) of corporation authorized in home state of	or country to be carried out in state of Florida)	AUG
Name and stree	a address of Florida registered agent: ((P.O. Box NOT acceptable)	2 AUG 10
Name:	Stephen Jensen		PM
ice Address:	6923 Lee Vista Blvd., Suite 3	300	1 3: 43
	Orlando	, Florida 32822	ယ ြိ
	(City)	(Zip code)	S

(Registered agen 's signature)

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

12. Names and business addresses of officers and/or directors:

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

A. DIRECTORS	SECRETARY OF STATE
Chairman: See attached	12 AUG 10 PM 3: 43
Address:	
Vice Chairman:	
Address:	
Director:	
Address:	
Director:	
Address:	
B. OFFICERS	
President:	
Address:	<u> </u>
Vice President:	
Address:	
Secretary:	
Address:	
Treasurer:	
Address:	
NOTE: If necessary, you may attach an addendum to the appl	ication listing additional officers and/or directors.
13.	
Signature of Direct The officer or director signing this document (and who is listed are true and that he or she is aware that false information subm third degree felony as provided for in s.817.155, F.S.	in number 12 above) affirms that the facts stated herein

14. Stephen Jensen, CFO

AcariaHealth Officers and Directors

Name	Title	Mailing Address	SSN/TIN	Ownership
AcariaHealth, Inc.	Shareholder	c/o Corporation Trust Company	45-2780334	100%
	1	1209 Orange Street Wilmington, DE 19801		
Donald Howard	Chief Executive Officer	6923 Lee Vista Blvd, Suite 300		0%
		Orlando, FL. 32822		
Jeffery Fisher	Chief Operating Officer	6923 Lee Vista Blvd, Suite 300		0%
		Orlando, FL. 32822		
Stephen Jensen	Chief Financial Officer	6923 Lee Vista Blvd, Suite 300		0%
	.	Orlando, FL. 32822		
Matthew Angel	Director	6610 W. Sam Houston Pkwy N. Suite 300		0%
		Houston, TX 77041		
Kenton Rosenberry	Director	601 Lexington Ave. 55 th Floor		0%
		New York, NY 10022		
Christopher Garcia	Director	601 Lexington Ave. 55 th Floor		0%
·		New York, NY 10022		
Samarth Chandra	Director	601 Lexington Ave. 55 th Floor		0%
		New York, NY 10022		
Michael Fisher	Director	601 Lexington Ave. 55th Floor		0%
		New York, NY 10022		
James Whitford	Pharmacist In Charge	2924 Telestar Court		0%
		Falls Church, VA 22042		1

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DIVISION OF CORPORATIONS

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "ACARIAHEALTH, INC." IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN

GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE

RECORDS OF THIS OFFICE SHOW, AS OF THE THIRTEENTH DAY OF JUNE,

A.D. 2012.

DIVISION OF CORPORATIONS

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4998715 8300

120551221

AUTHENTICATION: 9641721

DATE: 06-13-12

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