

F17000002767

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

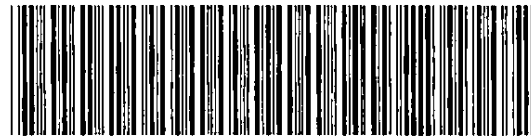
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400296946644

05/27/17--01895--025 *\$67.50

2017 JUN 16 PM 2: 02
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED

JUN 19 2017
J. HARRIS

Original - CIM

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Prescriber's Choice, Inc.
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Jennifer Molina

Name of Person

Prescriber's Choice, Inc.

Firm/Company

3265 W McNab Road

Address

Pompano Beach, FL 330369

City/State and Zip code

license@vividus.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jennifer Molina at (561) 404-8885
Name of Person Area Code Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- \$70.00 Filing Fee \$78.75 Filing Fee & Certificate of Status \$78.75 Filing Fee & Certified Copy \$87.50 Filing Fee, Certificate of Status & Certified Copy



June 15th 2017

RE: Service Request 20173385045
Document #: W17000026960

Dear Ms. Harris,

As per our conversation on June 15th, I am including the original rejection letter as well as the "Certificate of Good Standing". It was brought to my attention that I had selected two boxes regarding the same request. I apologize about that confusion. Please see below for documents included in the rectified package for filing Prescriber's Choice Inc. in Florida:

1. Original filing rejection letter
2. Rejected certification credit memo sheet
3. Official document of "Certificate of Good Standing"
4. Copy of original application of filing Prescriber's Choice Inc. as a foreign entity

If you require any further documentation, please do not hesitate to contact me.

Kind regards,

Jennifer Molina
Office Administrator
Phone: 561-404-8893 x 130

RECEIVED

2017 JUN 16 AM 11:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 29, 2017

JENNIFER MOLINA
3265 W MCNAB ROAD
POMPANO BEACH, FL 33069

SUBJECT: PRESCRIBER'S CHOICE, INC.
Ref. Number: W17000026960

2017 JUN 16 PM 2:02
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DEPARTMENT OF STATE
TALLAHASSEE FLORIDA

We have received your document for PRESCRIBER'S CHOICE, INC. and your check(s) totaling \$87.50. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return 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.

Jenna D Harris
Regulatory Specialist II

Letter Number: 717A00006039

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.

- 1. Prescriber's Choice, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. Delaware 3.
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. May 10th 2016 5. Perpetual
(Date of incorporation) (Date of duration, if other than perpetual)
6.
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 3265 W McNab Road Pompano Beach FL 33069
(Principal office address)
(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Corporation Service Company
Office Address: 1201 Hays Street
Tallahassee, Florida 32301
(City) (Zip code)

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2017 JUN 16 PM 2:02
STATE DEPT OF STATE
TALLAHASSEE FLORIDA

9. Registered agent's acceptance:
Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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.

Holly Jones
Assistant Vice President
(Registered agent's signature)

10. 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.

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: _____

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

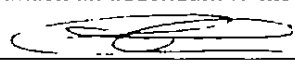
Treasurer: _____

Address: _____

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 2017 JUN 16 PM 2:02
 STATE OF ALABAMA
 MAIL ROOM

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. _____



Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she 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.

13. Jonathan G. Fenster - COO

(Typed or printed name and capacity of person signing application)

Addendum to item number 11

11. Names and business addresses of officers and/or directors

A. DIRECTORS

1. Director: Barret Malkin
Address: 3265 W McNab Road
Pompano Beach, FL 33069
2. Director(Chairman): Spencer Malkin (Chairman)
Address: 3265 W McNab Road
Pompano Beach, FL 33069
3. Director: L. Jack Staley
Address: 3265 W McNab Road
Pompano Beach, FL 33069

B. OFFICERS

1. Officer: Spencer Malkin, CEO
Address: 3265 W McNab Road
Pompano Beach, FL 33069
2. Officer: Jonathan Fenster, COO
Address: 3265 W McNab Road
Pompano Beach, FL 33069
3. Officer: Barret Malkin, National Director
Address: 3265 W McNab Road
Pompano Beach, FL 33069

FILED
2017 JUN 16 PM 2:02
CLERK OF DISTRICT COURT
PALM BEACH COUNTY, FLORIDA

Delaware

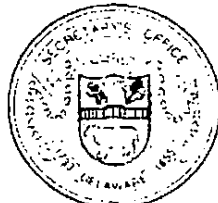
Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PRESCRIBER'S CHOICE, 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. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.



6038579 8300

SR# 20174704414

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

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 202696369

Date: 06-13-17