Division of Corporations **Electronic Filing Cover Sheet**

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(((H150001167273)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: INCORP SERVICES INC

Account Number : 120120000007

Phone

: (702)866-2500

Fax Number

: (702)866-2689

**Enter the email address for this business entity to be used for future to annual report mailings. Enter only one email address please.

CO C.

Foreign Limited Liability Company TOP RX, LLC

Certificate of Status	0
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COVER LETTER

TO:	Registration Section Division of Corporation	19		
GTTD TO		TOP	RX, LLC	
SURJE	CI:	Name of Limite	d Liability Company	
			• •	
The end Existen	closed "Application by For .co, and check are submitte	reign Limited Liability Comp of to register the above refere	emy for Authorization to Tr suced foreign limited liabili	ansact Business in Florida," Certificate of ty company to transact business in Florida
Please	return all correspondence (concerning this matter to the	following:	
		JoAn	ne Stefanov	
		Ne	me of Person	
		InCorp	Services, inc.	
	<u> </u>	Fi	m/Company	
		2360 Corpor	ate Circle, Suite 400	
			Address	
		Hender	son, NV 89074	
		-	ate and Zip Code	
			nts@Incorp.com	
For furt	her information concerning	•	to trans summit tehore iteitti	Canon
J	oAnne Stefanov for	InCorp Services, Inc	. 702	866-2500
	Name o	f Contact Person		sytime Telephone Number
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314	Division Registra Clifton I 2661 Ex	T ADDRESS: of Corporations tion Section Building country Conter Circle see, FL 32301	
Enclos	ed is a check for the for the formula \$125.00 Filing Fee	ollowing amount: \$\Boxed{\Boxesia} \$130.00 \text{ Filing Fee & Certificate of Status}\$	\$155,00 Filing Fee & Cartified Copy	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. TOP RX, LLC		CESS IN THE STATE OF PLOKE	
(Name of Foreign Limited Liability C	ompany; must include "L	imited Liability Company," "L.L.C.," o	ir "LLC,")
(If name unavailable, enter alternate name adopted f Liability Company," "L.L.C," or "LLC.")	or the purpose of transac	ing business in Florida. The alternate p	ame must include "Limited
2. Delaware	_ 6	2-1422578	
(Jurisdiction under the law of which foreign limit company is organized)		(FEI number, If applie	able)
Upon registration			
(Date first ira	usacted business in Florid 0.0904 & 605.0905, F.S.	a, if prior to registration.) o determine penalty liability)	
5. 2950 Brother Blvd.		. , ,	En -
Bartlett, TN 38133			> 3 st +
	(Street Address of Pr	ncipal Office)	
5. 2950 Brother Blvd.			SE SE
Bartlett, TN 38133			
	(Mailing Ad	fress)	7- Os
7. The name, title or capacity and add	ress of the person(s) who has/have authority to m	लादा मा 🐃
Scott Franklin, Manager	•	lvd., Bartlett, TN 38133	3.
Elaine McNutt, Managing Member	2950 Brother B	lvd., Bartlett, TN 38133	
Carl McVoy, Managing Member	2950 Brother B	lvd., Bartlett, TN 38133	
B. Attached is an original certificate of caving custody of records in the jurisdic acceptable. If the certificate is in a foreinust be submitted) In accordance with section 605.0203, P.S., the execution of the sware that any false information submitted in a document.	gn language, a tran	of which it is organized. (A particular of the certificate under the certificate under the penalties of perjury in affirmation under the penalties of perjury	chotocopy is not roath of the translator
	Carl Mc	Voy	
T	ped or printed nam	e of signee	

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the TOP RX, LLC	ne Limited Liability Comp	oany is:					
If unavailable, the alternate to be used in the state of Florida is:							
2. The name and the Florida street address of the registered agent and office are:						State of the state	
	InC	orp Services, Inc.		かて の分	<u></u>		
-	·	(Name)		· 115.		1 (2-1-2-4-7)	
17888 67th Court North					PH In	ji t d	
	Florida Street Ad	dress (P.O. Box NOT AC	CEPTABLE)	. <u>9</u>	Ω. Ω		
_	Loxahatchee	FL	33470				
		City/State/Zip		•			
liability company of registered agent an statutes relating to	ed as registered agent and at the place designated in a nd agree to act in this cape the proper and complete jons of my position as register. (Signal	this certificate, I here acity. I further agree performance of my di stered agent as provid	by accept the appoints to comply with the pr uties, and I am familia	ment as ovisions of all or with and 5, Florida	Servic	es, Inc	
	\$ 100.00 \$ 25.00 \$ 30.00	Filing Fee for Ap Designation of Ro Certified Copy (o	egistered Agent ptional)				
	\$ 5.00	Certificate of Stat	tus (ontional)				

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Delaware PAGE

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TOP RX, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SEVENTH DAY OF MAY, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TOP RX, LLC" WAS FORMED ON THE EIGHTH DAY OF DECEMBER, A.D. 2014.

8300

150628065

leffrey W. Bullock, Secretary (TION: 2355667

DATE: 05-07-15

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