

MB000006223

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

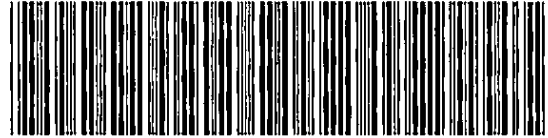
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ARX PATIENT SOLUTIONS, LLC
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

B.MIA DONNA MOTA, ESQ.
Name of Person

ARX PATIENT SOLUTIONS, LLC
Firm/Company

4700 MILLENIA BLVD, SUITE 500
Address

ORLANDO FL 32839
City/State and Zip Code

ARXLEGAL@ASSISTRX.COM
E-mail address: (to be used for future annual report notification)

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Division of Corporations

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For further information concerning this matter, please call:

B. MIA DONNA MOTA, ESQ.	407	367-4483
_____	at (_____)	_____
Name of Contact Person	Area Code	Daytime Telephone Number

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

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

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy
- \$160.00 Filing Fee, Certificate of Status & Certified Copy

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. ARX PATIENT SOLUTIONS, LLC
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. DELAWARE (Jurisdiction under the law of which foreign limited liability company is organized) 3. _____ (FEI number, if applicable)

4. 7/02/2018
(Date first transacted business in Florida, if prior to registration.)
 (See sections 605.0904 & 605.0905, F.S. to determine penalty liability.)

5. 4700 MILLENIA BLVD, SUITE 500 (Street Address of Principal Office)
ORLANDO FL 32839

6. 4700 MILLENIA BLVD, SUITE 500 (Mailing Address)
ORLANDO FL 32839

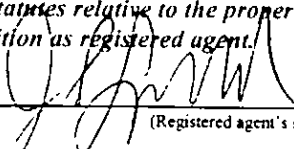
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: JEFFREY P. SPAFFORD

Office Address: 4700 MILLENIA BLVD, SUITE 500
ORLANDO, Florida 32839
(City) (Zip code)

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Registered agent's acceptance:
Having been named as registered agent and to accept service of process for the above stated limited liability company 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.


(Registered agent's signature)

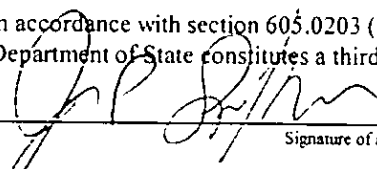
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<u>Managing Member</u>	<u>AssistRx Holdings, Inc.</u> <u>4700 Millenia Blvd., Ste 500</u> <u>Orlando FL 32839</u>	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(Use attachments if necessary)

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any 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.


Signature of an authorized person

Jeffrey P. Spafford, Pres. of AssistRx Holdings, Inc.
Typed or printed name of signee

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ARX PATIENT SOLUTIONS, 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 EIGHTEENTH DAY OF MAY, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ARX PATIENT SOLUTIONS, LLC" WAS FORMED ON THE TWENTY-SEVENTH DAY OF MARCH, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

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Jeffrey W. Bullock
Jeffrey W. Bullock, Secretary of State

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SR# 20183980857

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

Authentication: 202723714

Date: 05-18-18