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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

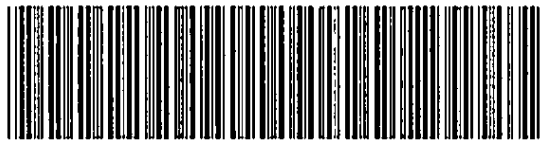
(Business Entity Name)

(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: PRESCRIPTION CARE MANAGEMENT, 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:

Pam McClary  
Name of Person  
PRESCRIPTION CARE MANAGEMENT, LLC  
Firm/Company  
P O BOX 34446  
Address  
RENO, NV 89533-4446  
City/State and Zip Code  
pmcclary@pcmsavings.com  
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

Pam McClary at ( 650 ) 619-6503  
Name of Contact Person Area Code Daytime Telephone Number

**Mailing Address:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**  
 \$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 605.0602, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. PRESCRIPTION CARE MANAGEMENT, LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

PCM SAVINGS, 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. NEVADA (Jurisdiction under the law of which foreign limited liability company is organized) 3. 27-3463867 (FEI number, if applicable)

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

5. 4790 CAUGHLIN PKWY, #396 (Street Address of Principal Office) 6. P O BOX 34446 (Mailing Address)

RENO, NV 89519 RENO, NV 89533

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

Name: Richard E. Coates/Coates Law Firm, PL

Office Address: 115 East Park Avenue, Number 1

Tallahassee, Florida 32301  
(City) (Zip code)

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. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

**Title or Capacity:**  Manager  
**Name and Address:** Name: GARRET D'ANTONI  
 Address: P. O. BOX 34446  
RENO, NV 89533-4446  
 Person \_\_\_\_\_  
 Other \_\_\_\_\_

Manager Name: Pam McClary  
 Member Address: Accounting Manager  
 Authorized P. O. BOX 34446  
 Person RENO, NV 89533-4446  
 Other \_\_\_\_\_

Manager Name: \_\_\_\_\_  
 Member Address: \_\_\_\_\_  
 Authorized \_\_\_\_\_  
 Person \_\_\_\_\_  
 Other \_\_\_\_\_

**Title or Capacity:**  Manager  
**Name and Address:** Name: KENNETH WENER  
 Address: P. O. BOX 34446  
RENO, NV 89533-4446  
 Person \_\_\_\_\_  
 Other \_\_\_\_\_

Manager Name: \_\_\_\_\_  
 Member Address: \_\_\_\_\_  
 Authorized \_\_\_\_\_  
 Person \_\_\_\_\_  
 Other \_\_\_\_\_


Manager Name: \_\_\_\_\_  
 Member Address: \_\_\_\_\_  
 Authorized \_\_\_\_\_  
 Person \_\_\_\_\_  
 Other \_\_\_\_\_

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**Important Notice:** Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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

# SECRETARY OF STATE



## CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence **PRESCRIPTION CARE MANAGEMENT, LLC** as a **DOMESTIC LIMITED-LIABILITY COMPANY (86)** duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 03/01/2018, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 01/21/2020.

*Barbara K. Cegavske*

BARBARA K. CEGAVSKE  
Secretary of State



Certificate Number: B20200121520013

You may verify this certificate  
online at <http://www.nvsos.gov>

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STATE OF NEVADA  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**WRITTEN CONSENT TO ADOPT ALTERNATE NAME FOR USE IN THE  
STATE OF FLORIDA**

We, the undersigned, do hereby certify that I am the Authorized Person  
of PRESCRIPTION CARE MANAGEMENT, LLC  
(Name of Limited Liability Company)

a limited liability company duly organized and existing under the laws  
NEVADA  
(State or Country of Organization)

Because the name of this foreign limited liability company does not satisfy the  
requirements of the s. 605.0112, F.S., the limited liability company hereby adopts the  
following name to transact business in the state of Florida:

PCM SAVINGS, LLC  
(Name to be used by limited liability company in Florida. NOTE: Name must contain Limited Liability  
Company, L.L.C., or LLC.)

  
\_\_\_\_\_  
Signature Authorized Person

01/23/2020  
\_\_\_\_\_  
Date

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CLERK OF THE CIRCUIT COURT  
IN AND FOR THE STATE  
OF FLORIDA