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#### **COVER LETTER**

TO: New Filing Section Division of Corporations		
SUBJECT: Innovation Com Name of corpora		
Dear Sir or Madam:		
The enclosed "Application by Foreign Corporation "Certificate of Existence," or "Certificate of Good Sabove referenced foreign corporation to transact bus	Standing" and check are submitt	
Please return all correspondence concerning this ma	itter to the following:	
<u>Joelle</u>	Hodges of Person	
Innovation Firm/C	0	Inc.
6095 Pine Mount	ain Rd NW Ste	108
Kennesaw	GA 30152	
City/State and Zip code		
E-hahl address: (to be us	S@ amail. Comed for futbre annual report notif	ication)
For further information concerning this matter, plea	se call:	
Shown Hodges at (77 Name of Person Ar	o 421 - 1399 ea Code & Daytime Telephone	Number
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301  MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		n rations
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, Confficate of Status & ertified Copy

## 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. Innovation Compounding	Inc.
(Enter name of corporation; must include "INCORPORAT	D," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")	
	in the second se
	ONE -
(If name unavailable in Florida, enter alternate corporate na	me adopted for the purpose of transacting business in Florida)
	3. 20-8344168 = = 50
(State or country under the law of which it is incorporated)	(FEI number, if applicable)
4. \\\31\\2007	5. Perpetual
(Date of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")
6. Upon legistration	
(Date first transacted busines	ss in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 60'	7.1502, F.S., to determine penalty liability)
	Ste 108 Kennesau, GA 30152
(Principal office a	address)
Same as above	
(Current mailing	address)
8. To provide Compounding only me (Purpose(s) of corporation authorized in home state of	Expliens to patients Via mail Shipping rountry to be carried out in state of Florida)
9. Name and street address of Florida registered agent: (	P.O. Box NOT acceptable)
Name: Incorp Services, Inc.	
Office Address: 17888 67th Court No	orth _
Loxahatchee,	
(City)	(Zip code)

10. 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.

All C. Amber Ragland For Incorp Services, Inc.
(Registered agent'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 A. DIRECTORS 12 SEP 10 PM 1: 15 SECRETARY OF STATE FALLAHASSEE, FLORIDA Vice Chairman: Address: \_\_ Director: \_ Address: \_ Director: \_ **B. OFFICERS** President: Disher Shown E. Hodges

Address: 1972 Barrett Knoll Circle NW Kunnesaw GA 30152 Vice President: \_\_\_ Address: \_\_\_\_\_ Secretary: \_ Address: \_\_\_\_\_ NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer The officer or director signing this document (and who is listed in number 12 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. 14. Shawn E. Holer (Typed or printed name and capacity of person signing application)

Control No. 07011956

## STATE OF GEORGIA

## Secretary of State

Corporations Division
313 West Tower
2 Martin Luther King, Jr. Drive
Atlanta, Georgia 30334-1530

### CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, Secretary of State and the Corporations Commissioner of the state of Georgia, hereby certify under the seal of my office that

#### INNOVATION COMPOUNDING, INC.

#### **Domestic Profit Corporation**

was formed or was authorized to transact business on 01/31/2007 in Georgia. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



WITNESS my hand and official seal of the City of Atlanta and the State of Georgia on 28th day of August, 2012

B:Ph

Brian P. Kemp Secretary of State

Certification Number: 9288896-1 Reference: Verify this certificate online at http://corp.sos.state.ga.us/corp/soskb/verify.asp