

P16000061026

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

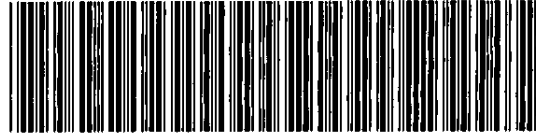
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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SECRETARY, D
16 JUL 22 PM 4:28

FILED
16 JUL 22 AM 9:38
SECRETARY, D
ALL SALT LAKE COUNTY

7/25/14

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 227012 4307171

AUTHORIZATION :

[Signature]

COST LIMIT : \$ 70.00

ORDER DATE : July 22, 2016

ORDER TIME : 3:0 PM

ORDER NO. : 227012-005

CUSTOMER NO: 4307171

DOMESTIC FILING

NAME: FORECASTRX INC.

EFFECTIVE DATE:

☒ ARTICLES OF INCORPORATION
☐ CERTIFICATE OF LIMITED PARTNERSHIP
☐ ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY
☒ PLAIN STAMPED COPY
☐ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender - EXT. 62956

EXAMINER'S INITIALS: _____

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16 JUL 22 AM 9:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

Department of State
New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: ForecastRx Inc.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☒ \$70.00 Filing Fee
☐ \$78.75 Filing Fee
& Certificate of Status

☐ \$78.75 Filing Fee
& Certified Copy
☐ \$87.50 Filing Fee,
Certified Copy
& Certificate of
Status
ADDITIONAL COPY REQUIRED

FROM: Rogin Nassau LLC; Attn. Lisa Burke

Name (Printed or typed)

185 Asylum Street, CityPlace I

Address

Hartford, CT 06103

City, State & Zip

(860) 256-6376

Daytime Telephone number

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

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CLERK OF STATE
TALLAHASSEE, FLORIDA

NOTE: Please provide the original and one copy of the articles.

FILED

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

16 JUL 22 AM 9:38

ARTICLE I NAME

The name of the corporation shall be: ForecastRx Inc.

SECRETARY OF STATE
ALLAH, FL, FLORIDA

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

11992 Tiffany Way

Tequesta, FL 33469

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The purpose of the Corporation is to engage in software development and support any other purpose in which a Corporation may engage in.

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Ralph M. Carbone, Secretary

Name and Title: Ralph M. Carbone, President

Address: 1192 SE Tiffany Way
Tequesta, FL 33469

Address: 1192 SE Tiffany Way
Tequesta, FL 33469

Name and Title: Lauryn Carbone, Treasurer

Name and Title: Lauryn Carbone, Asst. Secretary

Address: 1192 SE Tiffany Way
Tequesta, FL 33469

Address: 1192 SE Tiffany Way
Tequesta, FL 33469

Name and Title:

Name and Title:

Address:

Address:

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Ralph M. Carbone
Address: 1192 SE Tiffany Way
Tequesta, FL 33469

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DEPARTMENT OF STATE
ALBANY, NEW YORK

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Rogin Nassau LLC
Address: 185 Asylum Street, CityPlace I
Hartford, CT 06103

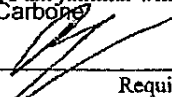
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

By: 
Required Signature/Registered Agent

7/21/2016
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the 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.


Required Signature/Incorporator

7/21/16
Date