1314000000060

(Re	equestor's Name)	
(Ad	idress)	
(Ad	ldress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
WIH-	14370	

Office Use Only



200256967492

03/03/14--01017--025 **1000.00



B. BOSTICK

APR - 3 2014

COVER LETTER

TO: Registration Sec Division of Corp				
SUBJECT: Comple	teRx, Ltd.			
Nam	e of Foreign Limited Partr	ership or Limited Lis	bility Limited Partnership	
partnership to transact but	certificate of status and fe siness in Florida. ndence concerning this ma		gister a foreign limited partnersh	ip or limited liability limited
Tuan Tran				
	Contact Person			
CompleteRx, Lt	ld.			
	Firm/Company			
3100 S. Gessn	er, Suite 640			
	Address			
Houston, TX 77	7063			
	ty, State and Zip Code			
tutran@complete	erx.com sed for future annual repor	t matification)		
	•	•		
	oncerning this matter, pleas			
Tuan Tran		_at (355-1196	_
Name of Contac	t Person	Area Code and	Daytime Telephone Number	•
Enclosed is a check for th	e following amount:			
\$1,000.00 Filing Fees (\$965 Filing Fee and \$35 Registered Agent Fee)	□ \$1,008.75 Filing Fees and Certificate of Status	اره 1,052.50 Filing and Certified Copy	Fees \$\Bigcap\$ \$1,061.25 Filing Fee, Certified Copy, and Certificate of Status	
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Ci Tallahassee, FL 32301	rcle	MAILING ADDR Registration Section Division of Corpora P. O. Box 6327 Tallahassee, FL 32	n utions	当一芸

APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP TO TRANSACT BUSINESS IN FLORIDA

, CompleteRx, Ltd.	
(Name of Limited Partnership or Limited Liability Lin Acceptable Limited Partnership suffixes: Limited Partnership, Lin Acceptable Limited Liability Limited Partnership suffixes: Limited	nited, L.P., LP, or Ltd.
	r limited liability limited partnership proposes to register to transact t contain acceptable suffix.
2. Texas	_{3.} 2/01/1998
State or Country of Formation	Date of Formation
4. Federal Employer Identification Number: 76-0558688	
5. Name of Registered Agent for Service of Process and Florida	a Street Address:
CT Corporation System	
1200 South Pine Island Road	
Plantation, Florida 33324	
of all statutes relative to the proper and complete performance my position as registered agent.	to act in this capacity. I further agree to comply with the provisions of my duties, and I am familiar with and accept the obligations of Legistered Agent
7. Principal Office: 8. N	Mailing Address:
3100 S. Gessner	الله الله الله الله الله الله الله الله
Suite 640	<u> </u>
Houston, Tx 77063	
9. If limited partnership is a limited liability limited partnersh	
10. Name, principal office address, and mailing address of each Name of General Partner: Andrus, Inc.	h general partner: Name of General Partner: Terry Andrus
Street Address: 3100 S. Gessner, Ste 640	Street Address: 3100 S. Gessner, Ste 640
Houston, TX 77063	Houston, TX 77063
Mailing Address:	Mailing Address:
	Name of General Partner: N/A Street Address:
Mailing Address:	Mailing Address:

	m 4 1
Name of General Partner: NA	Page 1 of 2 Name of General Partner: NA
Street Address:	Street Address:
Mailing Address:	Mailing Address:
	after the date this document is filed by the Florida Department of Stated, not more than 90 days prior to the delivery of this application to the
Florida Department of State, by the Secretary of State of the law of which it is organized.	other official having custody of the entity's records in the jurisdiction
Signed this 21st day of Febru	and An 14
10	mydr
Si The individual signing this document affirm that the fac	gnature of a general partner stated herein are true and the individual is aware that false informatistitutes a third degree felony as provided for in s.817.155, F.S.
Si The individual signing this document affirm that the fac	gnature of a general partner s stated herein are true and the individual is aware that false informati
The individual signing this document affirm that the fac submitted in a document to the Department of State constitution of Filing Fees: Certified Copy (optional):	gnature of a general partner stated herein are true and the individual is aware that false informatistitutes a third degree felony as provided for in s.817.155, F.S. \$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee) \$52.50
The individual signing this document affirm that the fac submitted in a document to the Department of State constitution of Filing Fees: Certified Copy (optional):	gnature of a general partner s. stated herein are true and the individual is aware that false informatistitutes a third degree felony as provided for in s.817.155, F.S. \$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee) \$52.50 \$8.75
The individual signing this document affirm that the fac submitted in a document to the Department of State constitution of Filing Fees: Certified Copy (optional):	gnature of a general partner s. stated herein are true and the individual is aware that false informatistitutes a third degree felony as provided for in s.817.155, F.S. \$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee) \$52.50 \$8.75
The individual signing this document affirm that the fac submitted in a document to the Department of State constitution of Filing Fees: Certified Copy (optional):	gnature of a general partner stated herein are true and the individual is aware that false information stitutes a third degree felony as provided for in s.817.155, F.S. \$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee) \$52.50 \$8.75 Page 2 of 2
The individual signing this document affirm that the fac submitted in a document to the Department of State constitution of Filing Fees: Certified Copy (optional):	gnature of a general partner Is stated herein are true and the individual is aware that false information stitutes a third degree felony as provided for in s.817.155, F.S. \$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee) \$52.50 \$8.75 Page 2 of 2

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate Of Limited Partnership for COMPLETERX, LTD. (file number 10527410), a Domestic Limited Partnership (LP), was filed in this office on January 20, 1998.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on March 18, 2014.



NANDHABERRY

Nandita Berry Secretary of State

Come visit us on the internet at http://www.sos.state.tx.us/

Fax: (512) 463-5709 TID: 10264 Dial: 7-1-1 for Relay Services Document: 534310580007



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 5, 2014

TUAN TRAN 3100 S. GESSNER SUITE 640 HOUSTON, TX 77063

SUBJECT: COMPLETERX, LTD. Ref. Number: W14000014370

We have received your document for COMPLETERX, LTD. and your check(s) totaling \$1000.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Every corporation, limited partnership, general partnership, limited liability company or trust listed as a general partner of a limited partnership, general partnership, or registered limited liability limited partnership must have an active registration/filing on file with this office before this filing can be completed. We are enclosing the appropriate instructions and/or forms for your convenience.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Barbara Bostick Regulatory Specialist II

Letter Number: 514A00004871