

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet
B700000285

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FLORIDA/FOREIGN LP/LLLP
SimplyWell Specialty Pharmacy Limited Partnership

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$1,000.00

2017 NOV 21 PM 12:13

Electronic Filing Menu

Corporate Filing Menu

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Help

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

1. SimplyWell Specialty Pharmacy Limited Partnership

(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix)

Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd

Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLP.

If name unavailable, name under which the limited partnership or limited liability limited partnership proposes to register to transact business in Florida; must contain acceptable suffix.

2. Wyoming

State or Country of Formation

3. 4/25/2017


Date of Formation

4. Federal Employer Identification Number: 82-1343671

5. Name of Registered Agent for Service of Process and Florida Street Address:

Kevin Bailey11410 Chase Meadows Dr. SJacksonville, Florida 32256

6. 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.


 Signature of Registered Agent

7. Principal Office:

463128 State Road 200Yulee, Florida 32097

8. Mailing Address:

463128 State Road 200Yulee, Florida 32097

9. If limited partnership is a limited liability limited partnership, check box.

10. Name, principal office address, and mailing address of each general partner:

Name of General Partner: Simply Green Consultants LLC M17000006583Street Address: 11410 Chase Meadows Dr. SJacksonville, Florida 32256Mailing Address: 11410 Chase Meadows Dr. SJacksonville, Florida 32256

Name of General Partner:

Street Address:

Mailing Address:

Name of General Partner:

Street Address:

Mailing Address:

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Name of General Partner: _____ Name of General Partner: _____

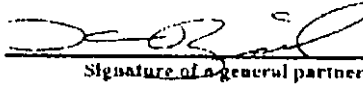
Street Address: _____ Street Address: _____

Mailing Address: _____ Mailing Address: _____

11. Effective date, if other than the date of filing: _____

(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

12. Attached is a certificate of existence duly authenticated, not more than 90 days prior to the delivery of this application to the Florida Department of State, by the Secretary of State or other official having custody of the entity's records in the jurisdiction under the law of which it is organized.

Signed this 10 day of November, 2017


Signature of a general partner

Kevin Bailey, Member of Simply
Green Consultants LLC, General
Partner

The individual signing this document affirms that the facts stated herein are true and the individual 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.

Filing Fees:	\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)
Certified Copy (optional):	\$52.50
Certificate of Status (optional):	\$8.75

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STATE OF WYOMING
Office of the Secretary of State

I, ED MURRAY, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

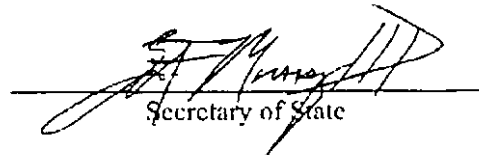
SimplyWell Specialty Pharmacy Limited Partnership
is a
Limited Partnership

formed or qualified under the laws of Wyoming did on **April 25, 2017**, comply with all applicable requirements of this office. Its period of duration expires 12/31/2057. This entity has been assigned entity identification number **2017-000751249**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed a Certificate of Cancellation.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 21st day of November, 2017 at 9:51 AM. This certificate is assigned 024752628.




Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website <http://wyobiz.wy.gov> and following the instructions displayed under Validate Certificate.