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Special Instructions to	Filing Officer:							
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SECRETARY OF STATE



Certified Copy

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations SUBJECT: RPH ON THE GO USA, INC. (Name of corporation - must include suffix) Dear Sir or Madam: The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," and check are submitted to register the above referenced foreign corporation to transact business in Florida. Please return all correspondence concerning this matter to the following: For further information concerning this matter, please call: 2 (Con Star at (847) 588-7170 ×178 (Area Code & Daytime Telephone Number) STREET ADDRESS: **MAILING ADDRESS:** Registration Section Registration Section Division of Corporations Division of Corporations 409 E. Gaines St. P.O. Box 6327 Tallahassee, FL 32399 Tallahassee, FL 32314 Enclosed is a check for the following amount: \$70.00 Filing Fee ☐ \$78.75 Filing Fee & ☐ \$78.75 Filing Fee & ☐ \$87.50 Filing Fee, Certificate of Status Certified Copy Certificate of Status &

'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.	RPH ON THE C	GO USA, INC.						
		orporation; must include "INCORPORAT orp," "Inc," "Co," or "Corp.")	ΈD,	" "COMPANY," "C	ORPORATION	SECRET	100% SEP 1	7
((If name unavaila	able in Florida, enter alternate corporate na	ame	adopted for the purpo	ose of transacting	businés	in Flor	rida)
ว	Illinois	•	2	36-3857964		jmg m	引 て) Empl
		under the law of which it is incorporated)	- J.		number, if appli	cable) o	<u></u>	~
	02/22/93	•	_	Perpetual	•	100		٠ و
4.		of incorporation)	Э.	(Duration: Year co	rp. will cease to	exist or "	perpetu	al")
6	083106	• ,			•		•	•
0.	000.00	(Date first transacted busine (SEE SECTIONS 607.1501 & 60				y)		
7.5	510 Howard St.,	Skokie, IL 60077						
-		(Principal office	add	ress)				
s	ame							
		(Current mailing	add	ress)				
		•						
8.	Temporary pharm							_
	(Purpose(s)	of corporation authorized in home state of	or cc	untry to be carried or	it in state of Flor	ida)		
9. 1	Name and street	t address of Florida registered agent: (P.C	. Box NOT accept	able)			
	Name:	C T Corporation System						
Off	ice Address:	1200 South Pine Island Road						
		Plantation		, Florida3	33324			
		(City)		(Zi	p code)			
Hav desi furt	ving been name ignated in this o ther agree to co	ent's acceptance: red as registered agent and to accept se application, I hereby accept the appoint mply with the provisions of all statute with and accept the obligations of my C T Corporation System	intn es re	ent as registered a clative to the prope	gent and agree r and complete	to act in	n this c	apacity. I
	b	Saral B. and		Assistant Secret	ary			

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.

(Registered agent's signature)

12. Names and business addresses of officers and/or directors:

A. DIRECTORS	
Chairman:	
Address:	
	13 3 11
Vice Chairman:	
Address:	
	Fig D D
	FLO 2:
Director:	<u> </u>
Address:	y y
Director:	
Address:	
B. OFFICERS SEE ATTACHMENT	
President: Luis Balaguer	
Address: 5510 Howard St.	
Skokie, IL 60077	
Vice President:	
audicss.	
Secretary:	
Address:	
Treasurer:	
Address:	
	•
NOTE: If necessary, you may attach an addendum to the application listing additional or	fficers and/or directors.
3. (Signature of Director or Officer listed in number 12 of the applica	ution)
4. Sheila Liberman, CEO	ition)

(Typed or printed name and capacity of person signing application)

Attachment to Florida

Officers & Directors

Full Name:
 Officer/Director:
 Officer's Title:
 Business Address:

City: State: ZIP Code:

2. Full Name:
Officer/Director:
Officer's Title:
Business Address:

City: State: ZIP Code: Sheila Liberman

Officer CEO

5510 Howard St.

Skokie IL 60077

Luis Balaguer Officer President

5510 Howard St.

Skokie IL 60077





To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that



In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this

day of August A.D. 2006.

Desse White