

FO# 000003939

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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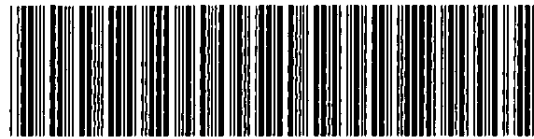
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** Prescription Hope 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:

Douglas K. Pierce

(Name of Person)

Prescription Hope Inc.

(Firm/Company)

2696 Sawbury Blvd

(Address)

Columbus, Ohio 43235

(City/State and Zip code)

For further information concerning this matter, please call:

Douglas K. Pierce

(Name of Person)

at ( 614 ) 580-8762

(Area Code & Daytime Telephone Number)

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**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

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, Certificate of Status & Certified 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. Prescription Hope Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Ohio

3. 26-1228512

(State or country under the law of which it is incorporated)

(FEI number, if applicable)

4. 06/01/2006

5. \_\_\_\_\_

(Date of incorporation)

(Duration: Year corp. will cease to exist or "perpetual")

6. \_\_\_\_\_

(Date first transacted business in Florida, if prior to registration)

(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 2696 Sawbury Blvd Columbus Ohio 43235

(Principal office address)

PO BOX 340856 Columbus Ohio 43234

(Current mailing address)

8. The purpose for which this corporation is formed to provide low cost prescription drug assistance to low to moderate income individuals and families.

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Alex Pierce

Office Address: 158 Raintree Circle

Palm Coast

(City)

, Florida 32164

(Zip code)

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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.*

Alex Pierce

(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:

**A. DIRECTORS**

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: Jamie Woodruff

Address: 2696 Sawbury Blvd Columbus Ohio 43235

Director: Ladonna Jones

Address: 2696 Sawbury Blvd Columbus Ohio 43235

**B. OFFICERS**

President: Douglas K. Pierce

Address: 2696 Sawbury Blvd Columbus Ohio 43235

Vice President: Micah Liggett

Address: 2696 Sawbury Blvd Columbus Ohio 43235

Secretary: Sarah Hildreth

Address: 2696 Sawbury Blvd Columbus Ohio 43235

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 

(Signature of Director or Officer listed in number 12 of the application)

14. Douglas K. Pierce, President

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

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FALLAH ASSOCIATES, FLORIDA

**UNITED STATES OF AMERICA  
STATE OF OHIO  
OFFICE OF THE SECRETARY OF STATE**

*I, Jennifer Brunner, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show PRESCRIPTION HOPE, INC, an Ohio Corporation, Charter No. 1628706, having its principal location in Westerville, County of Franklin, was incorporated on June 08, 2006, and is currently in GOOD STANDING upon the records of this office.*



*Witness my hand and the seal of the  
Secretary of State at Columbus, Ohio  
this 3rd day of September, A.D. 2008.*

*Jennifer Brunner*  
Ohio Secretary of State