## Flogeso 2209

| (Re                     | equestor's Name)   |           |
|-------------------------|--------------------|-----------|
| (Ac                     | ldress)            | <u> </u>  |
| (Ac                     | ldress)            |           |
| (Ci                     | ty/State/Zip/Phone | e #)      |
| PICK-UP                 | ☐ WAIT             | MAIL      |
| (Bu                     | siness Entity Nam  | ne)       |
| (Do                     | ocument Number)    |           |
| Certified Copies        | _ Certificates     | of Status |
| Special Instructions to | Filing Officer:    |           |
|                         |                    | :         |
|                         |                    |           |
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12 12 C

Re: ScriptPro USA Inc.

I am hereby certifying that on the originally filed Application by a Foreign Corporation for Authorization to Transact Business in Florida, the date first transacted business in Florida was inadvertently entered as 11/24/1997. The correct date should be 01/01/2008.

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

State of Kansas

(County) of Tohnson

4/28/10 Signed or attested before me on  $\frac{7}{2}$ 

(Signature of notarial officer)

**MELINDA HORN** MY COMMISSION EXPIRES August 11, 2011

My appointment expires: 8 11 11

### **COVER LETTER**

| TO:     |  | filing Sec<br>on of Co  | ction<br>rporations                    |             |       |  |                         |   |          |     |
|---------|--|---|--|-------------|-------|--|-------------------------|---|----------|-----|
| SUBJ    | ECT:   | Script  | Pro USA Inc.                           |             |       |  |                         |   |          |     |
|         |  |   |  | of corpora  | itioi | n - must include suffix)   | )                       |   |          |     |
| Dear S  | ir or Ma   | ıdam:   |  |             |       |  |                         |   |          |     |
| "Certif | ficate of  |   | e," and check are                      |             |       | Authorization to Transa<br>egister the above refere                |                         |   |          | lo  |
| Please  | return a   | II corres <sub>i</sub>  | oondence concerni                      | ng this mat | iter  | to the following:  |                         |   |          |     |
| Lori    | L Johns  | son   |  | ,           |       |  |                         |   |          |     |
|         |  |   |  | (Name       | of    | Person)  |                         |   |          |     |
| Scri    | iptPro   | USA In  | ıc.                                    |             |       |  |                         |   |          |     |
|         |  |   |  | (Firm/      | Con   | npany)   |                         |   |          |     |
| 5828    | Reeds  | s Road  |  |             |       |  |                         | <u> </u>                                  |          |     |
|         |  |   |  | (A          | ddro  | ess)   |                         | ALL<br>ALL                                | 2010 KA  |     |
| Miss    | sion, I  | κs 662  | 02                                     |             |       |  |                         | 発   | 3        |     |
|         |  |   |  | (City/Sta   | te a  | nd Zip code)   |                         | AR'<br>VSS                                |          |     |
|         |  |   | concerning this m                      | -           |       |  |                         | OF STATE                                  | AH 9: 32 | •1  |
| Lori    | Johns<br>(Nam  | on<br>e of Pers   | on)                                    | at (91;     |       | _) <u>384-1008</u><br>ode & Daytime Teleph                         | ione Nun                | aber)                                     |          |     |
| Enclose | STRE<br>New F<br>Division<br>Clifton<br>2661 E<br>Tallah | ET/COU<br>iling Sec<br>on of Con<br>Buildin<br>Executive<br>assec, FL | JRIER ADDRES<br>tion<br>porations<br>g | S:          | a C.  | MAILING A New Filing So Division of Co P.O. Box 632 Tallahassee, F | DDRES ection orporation | S:  |          |     |
|         | .00 Filii  |   | ☐\$78.75 Filing<br>Certificate o       | Fee &       | □     | \$78.75 Filing Fee & Certified Copy                                | Cu                      | .50 Filing<br>ertificate o<br>ertified Co | f Statu  | s & |

### 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.

ScriptPro USA Inc.

| (It name unavaila | ible in Florida, enter alternate corporate na | ame :    | idopted for the purpose of transac                                      | ting busine | ss in Flo   | rida)    |
|-------------------|---|----------|---|-------------|-------------|----------|
| Kansas            |   | _ 3.     | 74-2838351  |             |             | <u>-</u> |
| (State or country | under the law of which it is incorporated)    |          | (FEI number, if a   | pplicable)  |             |          |
| 06/09/1997        |   | 5.       | Perpetual   |             |             |          |
| (Date             | of incorporation)                             |          | (Duration: Year corp. will cease  | to exist or | "perpeti    | ıal")    |
| 11/24/1997        |   |          |   |             |             |          |
| 5000 parts        | (SEE SECTIONS 607.1501 & 60                   |          | Florida, if prior to registration) (22, F.S., to determine penalty liab | oility)     |             |          |
| 3828 Reeds        | Road, Mission, KS 66202 (Principal office     | addr     | 288)  |             |             |          |
| E000 D4-          |   | uuu      | ,   | ₹           | ~           |          |
| Jozo Reeds        | Road, Mission, KS 66202 (Current mailing      | addr     | ess)  |             | 8           |          |
|                   | ,   |          | ,   | AH          | HAY         | - #      |
| Sales/rent        | al/service of prescription d                  | ispa     | ensing systems  | SS          | _           | 7 ***    |
| •                 | of corporation authorized in home state of    | _        | •   | Florida) c  | J:>         |          |
| Name and stree    | t address of Florida registered agent: (      | (P.O     | Box NOT acceptable)   | 073         | <b>船 9:</b> | ,        |
| -                 |   | <b>,</b> |   |             | ည္သ         | ·        |
| Name:             | CT Corporation System                         |          |   | ₽           | (0)         |          |
| fice Address:     | 1200 S. Pine Island Rd.                       | ·····    | <del></del>   |             |             |          |
|                   | Plantation                                    |          | , Florida33324  |             |             |          |
|                   | Plantation                                    |          |   |             |             |          |

<sup>11.</sup> 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.

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

#### ACCEPTANCE OF APPOINTMENT

RE: ScriptPro USA, Inc.

CT Corporation System 1200 S. Pine Island Rd. Plantation, FL 33324

Pursuant to Sections 48.091 and 607.0501, Florida Statutes, the undersigned acknowledges and accepts its appointment as registered agent of the above corporation and agrees to act in the capacity and to comply with the provisions of the Florida Business Corporation Act (1990) relative to keeping open the registered office at the address specified above. The undersigned is familiar with, and accepts the obligations of, Section 607.0505, Florida Statutes.

Dated: March 19, 2010

C T CORPORATION SYSTEM

Katharina I nakay - Anst San

| A. DIRECTORS   |                        |             |
|--|------------------------|-------------|
| Chairman: Michael E. Coughlin  |                        |             |
| Address: 5701 Oakwood Road, Mission Hills, KS 66208  |                        |             |
|  |                        |             |
| Vice Chairman: N/A   |                        |             |
| Address:   |                        |             |
|  |                        |             |
| Director: Tracy I. Thomas  |                        |             |
| Address: 8208 West 101st Terrace, Overland Park, KS 66212                                  |                        |             |
| Director: N/A  |                        |             |
| Address:   |                        |             |
| B. OFFICERS  President: Michael E. Coughlin  | 2010 HA:<br>SEGRE      | ,           |
| Address: 5701 Oakwood Road, Mission Hills, KS 66208  | ETA<br>RS              | - 77        |
| Address. 3701 Gallwood Roddy Haboton Harris, Ro Goldo                                      | SEBS-                  | 1           |
| Vice President: Sharon G. Coughlin   | 7 ± ± 0                |             |
| Address: 5701 Oakwood Road, Mission Hills, KS 66208  | 38<br>157              |             |
|  |                        | .,          |
| Secretary: Tracy I. Thomas   |                        |             |
| Address: 8208 West 101st Terrace, Overland Park, KS 66212                                  |                        |             |
| Treasurer: Gregory W. Drown  |                        | <del></del> |
| Address: 13145 El MOnte Drive, Leawood, KS 66209   |                        |             |
| NOTE: If necessary, you may attach an addendant to the application listing additional offi | icers and/or directors | s.          |

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

14. Michael E. Coughlin

# STATE OF KANSAS OFFICE OF SECRETARY OF STATE RON THORNBURGH

To all to whom these presents shall come, Greetings:

I, RON THORNBURGH, Secretary of State of the state of Kansas, do hereby certify that I am the custodian of records of the State of Kansas relating to business entities and that I am the proper official to execute this certificate.

Entity Name: SCRIPTPRO USA INC.

Structure: KANSAS FOR PROFIT CORPORATION

Business Entity ID Number: 2491900

Was filed in this office on June 09, 1997 and has complied with the applicable provisions of the laws of the state of Kansas and on this date is in good standing and authorized to transact business or to conduct affairs within this state

In testimony whereof: I hereto set my hand and cause to be affixed my official seal. Done at the City of Topeka, this 23 of March, 2010.

for Munic

RON THORNBURGH SECRETARY OF STATE

Certificate ID: 274224 - To verify the validity of this certificate please visit <a href="https://www.accesskansas.org/businessentity/validate.html">https://www.accesskansas.org/businessentity/validate.html</a> and enter the certificate ID number.