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MR\$ 9

COVER LETTER

TO: New Filing Section Division of Corporations				
SUBJECT: TOP RX, 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," or "Certificate of Good Standing" 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:				
Michael LaSala				
Name of Person				
IncSmart.biz, Inc.				
Firm/Company				
4421 Edward Ave.				
Address				
Las Vegas, NV 89108				
City/State and Zip code				
michael@incsmart.biz				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Michael LaSala at (702) 334-0391				
Name of Person Area Code & Daytime Telephone Number				
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 \$\ \times \text{Certificate of Status} \tag{\$78.75 Filing Fee & Certified Copy} \tag{\$87.50 Filing Fee, Certified Copy} \tag{\$87.50 Filing Fee, 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.

(If name unavail	able in Florida, enter alternate corporat	te name adopted for the purpose of transacti	ing business in Florida)
Tennessee		3	
(State or country	under the law of which it is incorporate	ed) (FEI number, if app	plicable)
05/11/1988		5. perpetual	
(Date	e of incorporation)	(Duration: Year corp. will cease t	to exist or "perpetual")
<u> </u>			
		siness in Florida, if prior to registration) & 607.1502, F.S., to determine penalty liabi	litu)
2050 Danib	•		, /
. 2950 Broth	er Blvd. Bartlett, TN 3810 (Principal of)		
2050 Prott	•		
2950 BIOU	ner Blvd. Bartlett, TN 38		
	(Current man	mig address)	
Drug dietri	hution		
, Drug distri	Dulion		
		ate or country to be carried out in state of Fl	lorida)
(Purpose(s	s) of corporation authorized in home sta	•	- S =
(Purpose(s	s) of corporation authorized in home stated and registered agent	nt: (P.O. Box NOT acceptable)	- S =
(Purpose(s	s) of corporation authorized in home sta	nt: (P.O. Box NOT acceptable)	lorida)
(Purpose(s	s) of corporation authorized in home stated and registered agent	nt: (P.O. Box NOT acceptable)	SEGRETALY ALL AHASSE
(Purpose(s	s) of corporation authorized in home stated address of Florida registered agent INCSMART FLORIDA, 4865 47TH PLACE	nt: (P.O. Box <u>NOT</u> acceptable) INC.	MARIA PH
(Purpose(s	s) of corporation authorized in home stated address of Florida registered agent INCSMART FLORIDA, 4865 47TH PLACE	nt: (P.O. Box NOT acceptable)	SEGRETALY ALL AHASSE
(Purpose(s) Name and street Name: Office Address:	s) of corporation authorized in home stated address of Florida registered agent INCSMART FLORIDA, 4865 47TH PLACE VERO BEACH (City)	it: (P.O. Box <u>NOT</u> acceptable) INC. , Florida 32967	NAPR 18 PH 2: SECRETARY OF ST
(Purpose(s) Name and street Name: Office Address: O. Registered as laving been name	s) of corporation authorized in home stated address of Florida registered agent INCSMART FLORIDA, 4865 47TH PLACE VERO BEACH (City) gent's acceptance: and as registered agent and to acceptance are acceptance as registered agent and to acceptance.	nt: (P.O. Box NOT acceptable) INC. , Florida 32967 (Zip code) ot service of process for the above state	SECRETARIA PH 2: 21 ALL AHASSEL FLORIDA ed corporation at the p
(Purpose(s) Name and street Name: Office Address: O. Registered as laving been names ignated in this	et address of Florida registered agen INCSMART FLORIDA, 4865 47TH PLACE VERO BEACH (City) gent's acceptance: det as registered agent and to accept application, I hereby accept the approximation.	nt: (P.O. Box NOT acceptable) INC. , Florida 32967 (Zip code) ot service of process for the above state oppointment as registered agent and agr	ALL All ASSEL FLORIDA rd corporation at the pree to act in this capac
(Purpose(s) . Name and street . Name: Name: Office Address: O. Registered at laving been namesignated in this larther agree to c	et address of Florida registered agen INCSMART FLORIDA, 4865 47TH PLACE VERO BEACH (City) gent's acceptance: ued as registered agent and to accept application, I hereby accept the appoint of all statements and to accept the appoint with the provisions of all statements.	nt: (P.O. Box NOT acceptable) INC. , Florida 32967 (Zip code) ot service of process for the above state oppointment as registered agent and agratutes relative to the proper and complete	ALL All ASSEL FLORIDA rd corporation at the pree to act in this capac
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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:
12. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman:
A. DIRECTORS Chairman: Address: SEEREM.
Address:
HASSEP FLORIDA
Vice Chairman:
Address:
Director: Elaine McNutt
Address: 2950 Brother Blvd. Bartlett, TN 38166
Director: Anne Tetreault
Address: 2950 Brother Blvd. Bartlett, TN 38166
B. OFFICERS
President: John Ray
Address: 2950 Brother Blvd.
Bartlett, TN 38166
Vice President: Scott Franklin
Address: 2950 Brother Blvd.
Bartlett, TN 38166
Secretary: Teresa King
Address: 2950 Brother Blvd. Bartlett, TN 38166
Treasurer:
Address:
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.
13. Der 8c
Signature of Director or Officer The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she 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.
14. John Ray, President
(Typed or printed name and capacity of person signing application)





STATE OF TENNESSEE Tre Hargett, Secretary of State

Division of Business Services William R. Snodgrass Tower 312 Rosa L. Parks AVE, 6th FL Nashville, TN 37243-1102

INCSMART.BIZ, INC.

4421 EDWARD AVE

LAS VEGAS, NV 89108-2813

March 29, 2011

Request Type: Certificate of Existence/Authorization

Issuance Date: 03/29/2011

Request #:

0035031

Copies Requested:

Document Receipt

Receipt #: 411855

Filing Fee:

\$20.00

Payment-Check/MO - INCSMART.BIZ, INC., LAS VEGAS, NV

\$20.00

Regarding:

TOP RX, INC.

Filing Type:

Corporation For-Profit - Domestic

Formation/Qualification Date: 05/11/1988

Status:

Active

Duration Term: Perpetual

Control #:

Date Formed:

203162 05/11/1988

Formation Locale: Shelby County

Inactive Date:

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

TOP RX, INC.

- is a Corporation duly incorporated under the law of this State with a date of incorporation and duration as given above:
- * is delinquent in the payment of one or more of the fees, taxes or penalties owed to the State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of this business.
- has filed the most recent corporation annual report required with this office;
- * has appointed a registered agent and registered office in this State;
- * has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Secretary of State

Processed By: Deborah Chaney