Division of Corporations

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(((H13000248685 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

: (850)222-1092

Phone

Fax Number

: (850)878-5368

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

## FOREIGN PROFIT/NONPROFIT CORPORATION InnovativeRx South Florida, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$70.00

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## COVER LETTER

	Filing Set ion of Co	ction rporations				
SUBTRCT:	Innoveti	vaRx South Floric	ia, Ino.			
00203011				ation - r	oust include suffix	
Dear Sir or M	iadam:					
"Certificate or	f Existeni	tion by Foreign œ," or "Certific gn corporation t	ate of Good	Standia	ig" and check are su	act Business in Florida," bmitted to register the
Please return	all corres	pondence conce	rning this m	atter to	the following:	
Kristen O'Core	nor					
		******	Nam	o of Per	90n	
InnovativaRx	South Plor	lda, Inc.				
	<del></del>		Yim/	Compa	ny .	
150 West Main	1 Street, St	ile 1600				
		,	A	dáress		
Norfolk, Virgi	niu 23510					
			City/St	to and .	Zip code	
Kristen.cocmo	ndvord@nc	ansenders.com				
		E-mail addr	ess: (to be u	sed for	fliture annual report	notification)
Por further in	formation	concerning this	matter, ple	ase call	:	
KRISTER	0°0	אמאר	at (		687-7574	
Nam	o of Perso	n	A	rea Cod	is & Daytime Telepi	hone Number
New I Divisi Clifto 2661	Filing Section of Co. 2 Buildin	rporations g Conter Circle	uss:		MAILING A New Piling S Division of C P.O. Box 632 Tailahassee, I	ection Corporations 17
Bnolosed is a	check for	the following a	mount:			
Ø \$70.00 Pili	ing Fee	Certificat	ing Fee & e of Status		78.75 Piling Fee & ertified Copy	\$87.50 Filing Foo,     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 DUSINESS IN THE STATE OF PLORIDA.

	exponetion; must include "INCORPORATED exp, " "Ino, " "Co, " or "Corp.")	D," "COMPANY," "CORPORATION,"	
Of name unavails	ble in Florids, enter alternate corporate nam	ns adopted for the purpose of transacting business in Florida)	-
Dalaware	3	3.	
	under the law of which it is incorporated)	(FEI number, if applicable)	<b>•</b>
November_8	, 2013	5. Perpetual	_
(Date	of incorporation)	(Duration: Year corp. will come to exist or "perpotus?")	-
·	•		_
	(Data first transacted business (SBB SECTIONS 607.1501 & 607.	s in Florida, if prior to registration) 1512, F.S., to determine penelty liability)	• ,
600 Ansin Boulon	vard, Hallandale Beach, Florida 33009		
	(Principal office at	idress)	-
1035 Collier Con	tor Way, Suito 2, Naples, FL 34110		_
•	(Current mailing so	ddress)	1 .
·	lawful act or activity for which corporation		SEURE
(Purpose(s	of corporation authorized in home state or	country to be carried out in state of Florida)	
. Name and stree	t address of Florida registered agent: (F	O. Box NOT soceptable)	32: OD
Namo:	C T Corporation System		ir< ¹⊊ <del>≥</del>
Office Address:	1200 South Pine Island Road		OF STATE
	Plantation	Plorida 33324	
	(Chy)	(Zip cods)	•
n Dagietavet en	mni's accoptance:		
laving been nam	ed as registered agent and to accept ser	vice of process for the above stated corporation at the	place
esignated in this	application, I hareby accept the appoin	iment as registered agent and agree to act in this cape	reits. I
aties, and I am fl	imply with the provisions of all statutes imiliar with and accept the obligations	relative to the proper and complete performance of a of my position as registered agent. Sharon R. Kresz	7
	C Toppomilion System	Assistant Secretary	
	V / / //		

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. Nam	es and business addresses of officers and/or directors:		
A. DIRI	SCTORS		
Сраданат		<del></del> _	
Addross			
Vias Chai	rman:		
Address: .		<del></del>	
_			
	Breat Horman		
Address:	156 Cuach Grove Place S.W. Calgery, Albarta, CA T3H 1J2		<del></del>
	· · · · · · · · · · · · · · · · · · ·		ω
Address:	<del></del>	<u> </u>	NO.
		S.T.	1-8
B. OFFI		SEE.	
	Brent Herman	- C5	
Address:	156 Cosch Grove Pisce S.W. Calgory, Alberta, CA T3H 112	<u> 윤</u> 트	<u> </u>
•		<u>Bri</u> ≯	ف
	dent: Robert Gillis - Chief Operating Officer and Phermachet in Charge		
Address: _	600 Amin Boulovard, Halisndalo Beach, Florida 33009		
Semetary:	Brent Horman	<del></del>	
-	156 Cosoft Gravo Place S.W. Calgary, Alberta, CA T3H 112		
•			
Address:			
NOTE: 1	If necessary, you may attach an addendum to the application listing additional officers and/or direct	horse.	<del></del>
13	C	N/100	
The office are true as	Signature of Director or Officer or director at large that the facts stand that he or sho is aware that false information submitted in a document to the Department of State gree felony as provided for in s.817.155, P.S.	ated herei	n les
14	BREE NERMA PRESENT + DIAGRAN. (Typed or printed name and capacity of person signing application)	~~···	_

PLATE - 63/16/2013 Webus Klasser Celler

## Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "INNOVATIVERX SOUTH FLORIDA, INC."

IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE EIGHTH DAY OF NOVEMBER, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

SECRULARY OF STATE
TALLAHASSEE FLORIDA

5427384 8300

131287857

at corp. delevere. gov/suthwor. shtml

jathrey W. Bullock, Secretary of State
AUTHENTY CATION: 0880570

DIMENTICALION: 0880570

DATE: 11-08-13