

F14 000000820

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

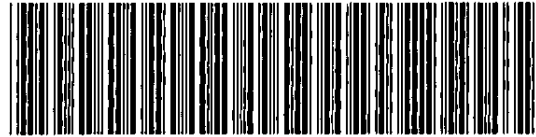
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W14-8093

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DIVISION OF CORPORATIONS
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W14



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 6, 2014

SHAWNASSEY HOWELL BROOKS
FRASCOGNA COURTNEY, PLLC
P.O. BOX 850191
MOBILE, AL 36688

SUBJECT: ARX, ACCURATE RX SPECIALTY PHARMACY CORP.
Ref. Number: W14000008093

We have received your document for ARX, ACCURATE RX SPECIALTY PHARMACY CORP. and check(s) totaling \$50.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$20.00.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Valerie Herring
Regulatory Specialist II
New Filing Section

Letter Number: 914A00002778

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: ARX, Accurate RX Specialty Pharmacy Corp.
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:

Shawnassey Howell Brooks
Name of Person

Frascogna Courtney, PLLC
Firm/Company

P. O. Box 850191
Address

Mobile, AL 36685
City/State and Zip code

sbrooks@frascognalaw.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Shawnassey Brooks at (251) 272-3964
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 ☐ \$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. ARX, Accurate RX Specialty Pharmacy Corp.

(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. Nevada

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

3. 46-4105675

(FEI number, if applicable)

4. November 12, 2013

(Date of incorporation)

5. Perpetual

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

6. N/A

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 9433 Coxwell Estates Court, Jacksonville, FL 32221

(Principal office address)

Same

(Current mailing address)

8. Compounding pharmacies, and such other businesses authorized by law and bylaws

(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: Perry VanKeulen

Office Address: 9433 Coxwell Estates Court

Jacksonville

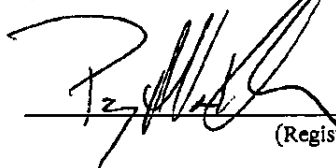
(City)

, Florida 32221

(Zip code)

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.


(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.

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2014 FEB 21 PM 12:10

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

A. DIRECTORS

Chairman: Perry VanKeulen

Address: 9433 Coxwell Estates Court
Jacksonville, FL 32221

Vice Chairman: Murray Friedman

Address: 9433 Coxwell Estates Court
Jacksonville, FL 32221

Director: Robert Otto

Address: 9433 Coxwell Estates Court
Jacksonville, FL 32221

Director: Donald Snellgrove

Address: 9433 Coxwell Estates Court
Jacksonville, FL 32221

B. OFFICERS

President: Perry VanKeulen

Address: 9433 Coxwell Estates Court
Jacksonville, FL 32221

Vice President: Murray Friedman

Address: 9433 Coxwell Estates Court
Jacksonville, FL 32221

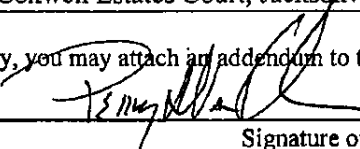
Secretary: Donald Snellgrove

Address: 9433 Coxwell Estates Court, Jacksonville, FL 32221

Treasurer: Robert Otto

Address: 9433 Coxwell Estates Court, Jacksonville, FL

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

13. 
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. Perry VanKeulen, President

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

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Item 12:

B. Additional officers

CEO
Murray Friedman
9433 Coxwell Estates Court
Jacksonville, FL 32221

SECRETARY OF STATE



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CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, ROSS MILLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **ARX, ACCURATE RX SPECIALTY PHARMACY, CORP.**, as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since November 12, 2013, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on January 28, 2014.




ROSS MILLER
Secretary of State

Electronic Certificate
Certificate Number: C20140128-2641
You may verify this electronic certificate
online at <http://www.nvsos.gov/>