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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

SEP 21 2015
S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Rx Systems, 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:

Richard F. Rafuse

Name of Person

Rx Systems, Inc.

Firm/Company

121 Point West Blvd.

Address

St. Charles Mo 63301

City/State and Zip code

rfrafuse@rxsystems.com

E-mail address: (to be used for future annual report notification)

SEARCHED
INDEXED
FILED
SERIALIZED
FILED
APR 2 1988
TALLAHASSEE
DIVISION OF STATE
FLORIDA

For further information concerning this matter, please call:

Richard F. Rafuse

Name of Person

at (636) 925-0001

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration 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. RX Systems 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. Missouri 3. 43-1174040

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

(FEI number, if applicable)

4. JUNE 4, 1979 5. _____

(Date of incorporation)

(Date of duration, if other than perpetual)

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

7. 121 Point West Blvd. St. Charles Mo 63301
(Principal office address)

(Current mailing address, if different)

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

Name: Stephanie Phillips

Office Address: 215 Pineda St., Unit 141

Longwood, Florida 32750
(City) (Zip code)

15 SEP 18 PM 2 13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FILED

9. 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.

*facsimile
Signature next page*

(Registered agent's signature)

10. 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.

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

A. DIRECTORS

Chairman: Richard B. Jensen

Address: 51 Barkley Place
St. Charles, mo 63301

Vice Chairman: _____

Address: _____

Director: Linda M Jensen

Address: 51 Barkley Place
St. Charles, mo 63301

Director: _____

Address: _____

B. OFFICERS

President: JASON R. Jensen

Address: 765 W. Kirkham Ave.
Glendale, MO 63122

Vice President: _____

Address: _____

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Secretary: Linda M Jensen

Address: 51 Barkley Place, St. Charles, mo 63301

Treasurer: _____

Address: _____

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

12. JASON Jensen _____

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 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.

13. JASON JENSEN, PRESIDENT _____

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

STATE OF MISSOURI



Jason Kander
Secretary of State

CORPORATION DIVISION CERTIFICATE OF GOOD STANDING

I, JASON KANDER, Secretary of State of the State of Missouri, do hereby certify that the records in my office and in my care and custody reveal that

RX SYSTEMS, INC.
00211127

was created under the laws of this State on the 4th day of June, 1979, and is in good standing, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, this 15th day of September, 2015.

A handwritten signature of Jason Kander in black ink.

Secretary of State

15 SEP 18 FM 2 43
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Certification Number: CERT-09152015-0036

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(Principal office address)

(Current mailing address, if different)

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Name: Stephanie Phillips

Office Address: 215 Pineda St., UNIT 141

Longwood, Florida 32750
(City) (Zip code)

5. SEP 18 PM 2:45
RECEIVED
SECRETARY OF STATE
FLORIDA
100-14000-143

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Stephanie Phillips
(Registered agent's signature)

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St. Charles, MO 63301

Director: _____

Address: _____

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President: JASON R. JENSEN

Address: 765 W. Kirkham Ave.

Glendale, MO 63122

Vice President: _____

Address: _____

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STAFF
FLOOR
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2:40

Secretary: Linda M Jensen

Address: 51 Barkley Place, St. Charles, MO 63301

Treasurer: _____

Address: _____

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