

(Req	uestor's Name)	
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(City.	/State/Zip/Phone	e #)
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TILED WINFIE ZU A S. S.

> FEB 25 2016). BRUCE

COVER LETTER

TO:	Registration Se Division of Co						
SUBJI	ECT:₽	HARMACY	VALUE	MANA	16EMENT	SOLUTIONS,	INC.
		Nam	e of corpora	tion - mus	include suffix		
Dear Si	r or Madam:						
"Certifi	cate of Existen		ate of Good	Standing"	and check are su	sact Business in Fl abmitted to registe	
Please 1	return all corres	pondence conce	rning this ma	atter to the	following:		
	MARK	HEID	T, P	<u>RES1</u>	DENT		
	HARMA	CY VALU			MENT SO	OLUTIONS,	INC,
	- 6 . 1			Company			
		W. BUS				= 701	
	TAMP.	A, FL	334	18			
			City/Sta	te and Zip	code		
	3	mandel E-mail addre	@adv	unze	on, com		
		E-mail addr	ess: (to be us	ed for futu	ire annual report	notification)	
For furt	her information	concerning this	matter, plea	se call:			9 11 12
<u>St</u>	Name of Perso	andel	_ at (<u>812</u> Area ())	367-6 Daytime Tele	phone Number	
							, O
	STREET/CON Registration Se	URIER ADDRI	ESS:		MAILING A Registration		
	Division of Co				Division of 0		
	Clifton Buildin				P.O. Box 632	27	
	2661 Executive Tallahassee, Fl				Tallahassee,	FL 32314	
Enclose	d is a check for	the following a	mount:				
□ \$70.	00 Filing Fee	\$78.75 Fil Certificat	ing Fee & e of Status		75 Filing Fee & fied Copy	\$87.50 Fili Certificate Certified C	of Status &

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.

	·	pted for the purpose of transacting business in F	lorida)
2. NEVAL	y under the law of which it is incorporated) 3.	(FEI number if applicable)	
4. <u>10</u>	12/2013	(1 Di number, 11 approuble)	
(Date	2/20/3 5	(Date of duration, if other than perpetual)	<u> </u>
6.	NIA		
-		office address)	
	(Current mailing ac	ddress, if different)	
		>	
8. Name and <u>stree</u> Name: Office Address:	et address of Florida registered agent: (P.O. B Mark Heidt 2901 W. Busch Blvd.		

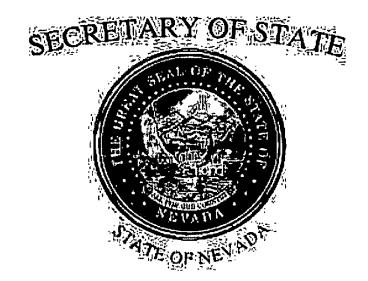
10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

(Registered agent's signature)

1). Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: Clark A. Marcus 2901 W. Busch Blvd., Suite 701 Vice Chairman: _____ Address: W. Busch Blvd., Suite 701 Address: 2901 W. Busch Blvd., Suite 701 Tampa, FL 33618 **B. OFFICERS** President: Mark T. Heidt Address: 2901 W. Busch Blvd., Suite 701 Vice President: Address: _____ Secretary: <u>Gerard</u> T. Smith Address: 2901 W. Busch Blvd., Suite 701, Tampa, FL 33618 Busch Blud. Suite 701, Tampa, NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 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. Mark T. Heidt, President

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



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, BARBARA K. CEGAVSKE, 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, PHARMACY VALUE MANAGEMENT SOLUTIONS, INC., 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 October 2, 2013, and is in good standing in this state.

TEVALLA OF

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on February 10, 2016.

BARBARA K. CEGAVSKE
Secretary of State

Electronic Certificate
Certificate Number: C20160210-0904
You may verify this electronic certificate
online at http://www.nvsos.gov/