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FEDERAL BUREAU OF INVESTIGATION
U.S. DEPARTMENT OF JUSTICE
TALLAHASSEE, FLORIDA

T WASHINGTON

NOV 29 2016

21183

COVER LETTER

TO: Registration Section
Division of Corporations

Ghost RX, Inc.

SUBJECT: _____
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:

Melissa Grodi, Paralegal

Name of Person

PilieroMazza, PLLC

Firm/Company

888 17th Street, NW, 11th Floor

Address

Washington, DC 20006

City/State and Zip code

mgrodi@pilieromazza.com

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

For further information concerning this matter, please call:

Melissa Grodi 202 857-1000

Name of Person at () 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



888-111-1111
WASHINGTON, D.C. 20004
PHONE 202-857-1000
FAX 202-857-0200
WWW.PILIASTRO-MAZZA.COM

November 29, 2016

Via Facsimile Only - (850) 245-6030

Florida Department of State
Division of Corporations
Registration Section
Attn: Tanisha Washington
2661 Executive Center Cir.
Tallahassee, FL 32391

Re: Ghost RX, Inc. Application for Authorization to Transact Business in Florida
Document No: W16000079171

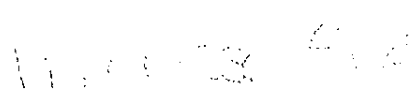
Dear Ms. Washington:

This correspondence follows my telephone conversation with your office earlier today regarding the above-referenced application for authorization to transact business in Florida. Please accept this correspondence as confirmation that our office, on behalf of Justin Myers and Ghost RX, Inc., filed the articles of voluntary dissolution for the domestic corporation, Ghost RX, Inc. (Document No: P16000091908) and that we subsequently filed the application for authorization to transact Business in Florida on behalf of the foreign entity Ghost RX, Inc. and Mr. Myers.


As evidenced by Mr. Myers signature below, please also accept this correspondence as confirmation that Mr. Myers has no intention of reactivating the domestic corporation Ghost RX, Inc. and that the only active corporation should be the foreign registration of Ghost RX, Inc.

If you have any questions, or if you need any additional information, please do not hesitate to contact me (202) 857-1000.

Sincerely,


Melissa L. Grodi
Paralegal

Agreed to and confirmed by:


Justin Myers
Director of Ghost RX, Inc.

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16 NOV 23 AM 10:01
TALLAHASSEE, FLORIDA

**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. Ghost RX, 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. Delaware 3. 731536407
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 01/02/1998 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 14021 Ellesmere Drive, Tampa, FL 33624
(Principal office address)
- _____
(Current mailing address, if different)

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

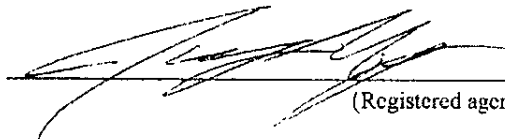
Name: Justin Myers

Office Address: 14021 Ellesmere Drive

Tampa, Florida 33624
(City) (Zip code)

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.



(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.

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STATE
PALM BEACH, FLORIDA

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Justin Myers

Address: 14021 Ellesmere Drive

Tampa, FL 33624

Director: _____

Address: _____

B. OFFICERS

President: Justin Myers

Address: 14021 Ellesmere Drive

Tampa, FL 33624

Vice President: _____

Address: _____

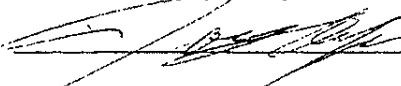
Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

12.  _____
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. Justin Myers, Director

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

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TAMPA, FLORIDA

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "GHOST RX 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 TWENTY-FIRST DAY OF NOVEMBER, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GHOST RX INC." WAS INCORPORATED ON THE SECOND DAY OF JANUARY, A.D. 1998.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.


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DELAWARE SECRETARY OF STATE



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SR# 20166736672

You may verify this certificate online at corp.delaware.gov/authver.shtml


Jeffrey W. Bullock, Secretary of State

Authentication: 203376785

Date: 11-21-16