

F17 000002881

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

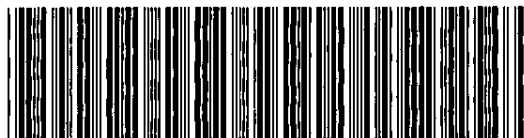
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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17 JUN 26 AM 10:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

S. WARREN

JUN 27 2017

**Incorporating Services, Ltd.**

1540 Glenway Drive  
Tallahassee, FL 32301  
850.656.7956  
Fax: 850.656.7953  
www.Incserv.com  
e-mail: info@incserv.com

**incserv**

**ORDER FORM**

**TO:** Florida Department of State  
Division of Corporations, Clifton  
Building  
2661 Executive Center Circle  
Tallahassee, FL 32301  
corphelp@dos.myflorida.com  
850-245-6051

**FROM:** Melissa Stops  
mstops@incserv.com  
850.656.7953

**REQUEST DATE:** 6/26/2017

**PRIORITY:** Routine

**OUR REF # (Order ID#):** 585049

**ORDER ENTITY:**  
NEVADA HEALTH RX, INC.

**PLEASE PERFORM THE FOLLOWING SERVICES:**

NEVADA HEALTH RX, INC. ( FL )

File the attached foreign qualification document

**NOTES:**

\$70.00 Authorized

**RETURN/FORWARDING INSTRUCTIONS:**

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

*Melissa*

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.


**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. Nevada Health 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. Nevada 3. \_\_\_\_\_  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. December 6, 2016 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. 61 Spectrum Blvd, Las Vegas, NV 89101  
(Principal office address)
- \_\_\_\_\_  
(Current mailing address, if different)
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
- Name: Universal Registered Agents, Inc.
- Office Address: 3458 Lakeshore Drive  
Tallahassee, Florida 32312  
(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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11. Names and business addresses of officers and/or directors:

**A. DIRECTORS**

Chairman: Greg Sundem  
Address: 61 Spectrum Blvd.  
Las Vegas, NV 89101

Vice Chairman: None  
Address: \_\_\_\_\_

Director: Greg Sundem  
Address: 61 Spectrum Blvd.  
Las Vegas, NV 89101

Director: \_\_\_\_\_  
Address: \_\_\_\_\_

**B. OFFICERS**

President: Scot Silber  
Address: 61 Spectrum Blvd.  
Las Vegas, NV 89101

Vice President: \_\_\_\_\_  
Address: \_\_\_\_\_

Secretary: Kimberly Brooks  
Address: 61 Spectrum Blvd., Las Vegas, NV 89101

Treasurer: Greg Sundem  
Address: 61 Spectrum Blvd., Las Vegas, NV 89101

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

12. Kimberly Brooks  
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. Kimberly Brooks, Secretary  
(Typed or printed name and capacity of person signing application)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# SECRETARY OF STATE



## 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, **NEVADA HEALTH RX, 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 December 5, 2016, 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 May 25, 2017.

A handwritten signature in cursive script that reads "Barbara K. Cegavske".

Barbara K. Cegavske  
Secretary of State



Electronic Certificate  
Certificate Number: C20170525-2010  
You may verify this electronic certificate  
online at <http://www.nvsos.gov/>