# F17000003460

(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:	
Panalty W17-58552	
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#### **COVER LETTER**

то:	Registration Section Division of Corporations				
SURI	SinfoniaRx, Inc.				
0020		ame of corporation	on - mus	t include suffix	
Dear S	Sir or Madam:				
"Certi	iclosed "Application by Forei ficate of Existence," or "Certi referenced foreign corporatio	ficate of Good St	anding"	and check are sub-	
Please	return all correspondence cor	ncerning this mat	ter to the	following:	
Mindi	Maksinchuk				
		Name o	of Person	· · · · · · · · · · · · · · · · · · ·	
Sinfon	iaRx, Inc.				
		Firm/Co	mpany		
1 E To	ole Avenue				
		Add	dress		
Tucson	n, AZ 85701				
		City/State	and Zip	code	
mkmal	ksinchuk@sinfoniahealth.com				•
	E-mail ac	ldress: (to be use	d for fut	ure annual report r	otification)
For fu	rther information concerning	this matter, pleas	e call:		
Mindi	Maksinchuk	520	-	5-1101	
	Name of Person	Area C		Daytime Telepi	none Number
	STREET/COURIER ADD Registration Section Division of Corporations Clifton Building 2661 Executive Center Circ Tallahassee, FL 32301			MAILING A Registration S Division of Co P.O. Box 6327 Tallahassee, F	ection orporations
Enclos	sed is a check for the following	g amount:			
<b>s</b> 79		Filing Fee & icate of Status		75 Filing Fee & ified Copy	S87.50 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.

SinfoniaRx, Inc.

[Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"

If name unavailat	de in Florida, enter alternate corporate name a	adopted for the purpose of transacting b	business in Florida)				
Arizona	3	3					
0///	under the law of which it is incorporated)	(FEI number, if appli	oplicable)				
(Date o	of incorporation)	(Date of duration, if other than perpetual)					
	(Princip	pal office address)	Zir Zi				
· · · · · · · · · · · · · · · · · · ·	(Current mailin	ig address, if different)	EXTENTED SE				
Name and street	address of Florida registered agent: (P.0	D. Box <u>NOT acceptable</u> )	~_ ~				
Name:	Corporation Service Company	<u></u>	OF SINIF				
ce Address:	1201 Hays Street		Olike Livit				
	Tallahassee	, Florida 32301	,33. (7)				

#### 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.

by: Jordan Johnson - Assistant Secretary

(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 Fletcher McCusker Chairman: 1 East Toole Avenue, Tucson, AZ 85701 Address: Address: \_ Michael Deitch Director: 1 East Toole Avenue, Tucson, AZ 85701 Address: Director: **B. OFFICERS** Fletcher McCusker 1 E Toole Avenue, Tucson, AZ 85701 Address: Vice President: Michael Deitch 1 E Toole Avenue, Tucson, AZ 85701 Address: \_ Michael Deitch Treasurer: 1 E Toole Avenue, Tucson, AZ 85701 Address: 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. Michael Deitch, Secretary/Treasurer (Typed or printed name and capacity of person signing application)





## Office of the CORPORATION COMMISSION

CERTIFICATE OF GOOD STANDING

To all to whom these presents shall come, greeting:

I, Ted Vogt, Executive Director of the Arizona Corporation Commission, do hereby certify that

\*\*\*SINFONIARX, INC. \*\*\*

a domestic corporation organized under the laws of the State of Arizona, did incorporate on August 26, 2013.

I further certify that according to the records of the Arizona Corporation Commission, as of the date set forth hereunder, the said corporation is not administratively dissolved for failure to comply with the provisions of the Arizona Business Corporation Act; and that its most recent Annual Report, subject to the provisions of A.R.S. sections 10-122, 10-123, 10-125 & 10-1622, has been delivered to the Arizona Corporation Commission for filing; and that the said corporation has not filed Articles of Dissolution as of the date of this certificate.

This certificate relates only to the legal existence of the above named entity as of the date issued. This certificate is no No be construed as an endorsement, recommendation, or notice of approval of the entity's condition or business activities and practices.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the official seal of the Arizona Corporation Commission. Done at Proenix, the Capital, this 12th Day of July, 2017, A. Dr.

Ted Vogt, Executive Director

By: Blendy MILM







#### FLORIDA DEPARTMENT OF STATE Division of Corporations

July 14, 2017

MINDI MAKSINCHUK SINFONIARX, INC. 1 E TOOLE AVE. TUCSON, AZ 85701

SUBJECT: SINFONIARX, INC. Ref. Number: W17000058552

SELICE PART OF STATE ORIDA

RECEIVED

We have received your document for SINFONIARX, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 607.1502(4), 617.1502(4) or 605.0904(7), Florida Statutes, this entity is liable for a civil penalty of at least \$500 but not more than \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification. In addition to this civil penalty, the appropriate annual report fees that would have been due this office had the entity qualified the year it began operations in this state are also due. The amount due this office to cover both annual report(s) and penalty fees is \$650.00.

There is a balance due of \$650.00.

Please return 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) 245-6051.

Karen A Saly Regulatory Specialist II

Letter Number: 117A00014358