

F180000004819

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

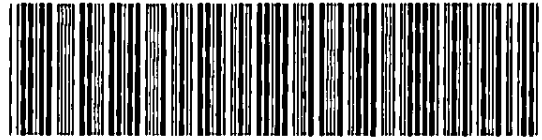
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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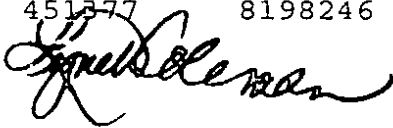
FILED
18 OCT 24 PM 7:50
TALLAHASSEE, FLORIDA

18 OCT 24 PM 4:12

K SALY

OCT 25 2018

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 451377 8198246
AUTHORIZATION : 
COST LIMIT : \$ 70.00

ORDER DATE : October 19, 2018
ORDER TIME : 3:35 PM
ORDER NO. : 451377-005
CUSTOMER NO: 8198246

FOREIGN FILINGS

NAME: RXNUMERIX, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Emily Croft -- EXT# 62925

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RxNUMERix, 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:

VIKTOR SPIVAKOVSKY

Name of Person

RXNUMERix

Firm/Company

P.O. Box 7545

Address

MENLO PARK, CA 94026

City/State and Zip code

VIKTOR@RXNUMERIX.COM

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

For further information concerning this matter, please call:

VIKTOR SPIVAKOVSKY at (650 , 704-9384)

Name of Person

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. RxNUMERIX, 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. 83-2152797
(State or country under the law of which it is incorporated) (FEL number, if applicable)

4. 07/10/2018 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. 2301 COLLINS AVE, 1419 MIAMI BEACH, FL 33139
(Principal office address)
P.O. BOX 7545, MENLO PARK, CA 94026
(Current mailing address, if different)

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

Name: Corporation Service Company
Office Address: 1201 Hays Street
Tallahassee, Florida 32301
(City) (Zip code)

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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.

Corporation Service Company

By:

(Registered agent's signature)

Emily Croft

Emily Croft

Asst. Vice President

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: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: ILYA GLUHOVSKY

Address: 2301 COLLINS AVE, 1419

MIAMI BEACH, FL 33139

Director: VIKTOR SPIVAKOVSKY

Address: P.O. BOX 7545

MENLO PARK, CA 94026

B. OFFICERS

President: ILYA GLUHOVSKY

Address: 2301 COLLINS AVE, 1419, MIAMI BEACH, FL 33139

Vice President: _____

Address: _____

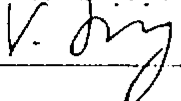
Secretary: VIKTOR SPIVAKOVSKY

Address: P.O. BOX 7545, MENLO PARK, CA 94026

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. VIKTOR SPIVAKOVSKY, as COO

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

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

Delaware

The First State

Page 1

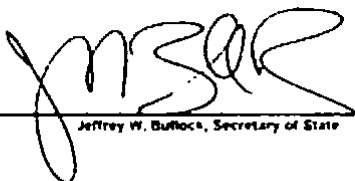
I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "RXNUMERIX, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FOURTH DAY OF OCTOBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "RXNUMERIX, INC." WAS INCORPORATED ON THE TWENTY-NINTH DAY OF JUNE, A.D. 2018.

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

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18 OCT 24 PM 7:50
TALLAHASSEE, FLORIDA




Jeffrey W. Bullock, Secretary of State

6955596 8300

SR# 20187290865

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

Authentication: 203670589

Date: 10-24-18