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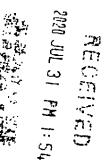
(F	Requestor's Name)			
(A	Address)			
٩)	Address)			
(C	City/State/Zip/Phone #)			
PICK-UP	WAIT MAIL			
(É	Business Entity Name)			
(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:				
Certified Copies	Certificates of Status			
Special Instructions to Filing Officer:				

Office Use Only



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AUG -3 2020 M. SOLOMON CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 372196 . 5165575

AUTHORIZATION: Signella Relation

COST LIMIT : \$ 70.00

ORDER DATE : July 30, 2020

ORDER TIME : 10:42 AM

ORDER NO. : 372196-005

CUSTOMER NO: 5165575

FOREIGN FILINGS

NAME: GRX ADMINISTRATORS, 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: Amanda Robinson -- EXT# 62968

EXAMINER: ____

COVER LETTER

TO:	TO: Registration Section Division of Corporations					
SUBJ	ECT:	GRX Administr	ators, Inc.			
		Name o	f corporation	- must include suffix		
Dear S	ir or Madam:					
"Certif	ficate of Exist		of Good Stand	ling" and check are sub	nct Business in Florida." omitted to register the	
Please	return all corr	espondence concernir	ng this matter	to the following:		
Legal I	Department					
	-,		Name of F	Person		
GRX A	Administrators,	Inc.				
		<u></u>	Firm/Comp	oany		
622 Ba	nyan Trail. Sui	te 614				
	•	···	Addres	SS		
Boca R	taton, Florida 3	3431				
			City/State an	d Zip code		
legal0	35@gmail.co	m				
		E-mail address:	(to be used fo	or future annual report	notification)	
For fur	ther informati	on concerning this ma	atter, please ca	ill:		
Laura 1	Apollo		631 at (31 396-2474		
	Name of Pe	rson	Area Code	Daytime Telep	ohone Number	
	Registration Division of C The Centre of	Corporations of Tallahassee nroe Street, Suite 810	i:	MAILING A Registration S Division of C P.O. Box 632 Tallahassee, I	Section orporations 7	
Please r		For the following amount able to: FLORIDA DE Strate Strate of Certificate of	PARTMENT (Fee & -	OF STATE \$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. GRX Administr	rators, Inc.		
	orporation; must include "INCORPORATED," forp," "Inc." "Co." or "Corp.")	"COMPANY," "CORPORATION,"	-
			_
Delowore	·	adopted for the purpose of transacting business in Florida) 85-2140529	
·	y under the law of which it is incorporated)	(FEI number, if applicable)	
May 5, 2020	_	Perpetual	
(Date	of incorporation) 5.	(Date of duration, if other than perpetual)	
July 24, 2020			
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150	Florida, if prior to registration) 02. F.S., to determine penalty liability)	~
622 Banyan Trai	l, Suite 614, Boca Raton, Florida 33431		
***************************************		ec <u>street</u> address)	-
	(Current mailing	g address, if different)	~
. Name and stree	et address of Florida registered agent: (P.O.	. Box NOT acceptable)	2020 JUL 3 I
Name:	Mr. Donovan Chin		<u>ω</u>
Office Address:	622 Banyan Trail, Suite 614		
	Boca Raton	, Florida 33431	網 9: 5:
	(City)	(Zip code)	EL CLI

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: (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.

A. DIRECTORS □ Chairman ☐ Chairman Name: _____ Name: _____ □ Vice Chairman Address: ___ ☐ Vice Chairman Address: ____ Randy Parker, 622 Banyan Trail, Suite 214 ☑ Director □ Director Boca Raton, FL 33431 Randy Parker, CEO 622 Banyan Trail, Suite 214, Boca Raton, FL President □President 33431 □Vice President ☐ Vice President □Treasurer Secretary □ Secretary ■ Treasurer Donovan Chin · Secretary Donovan Chin. Secretary Other 622 Banyan Trail, Suite 214, Boca 622 Banyan Trail, Suite 214 Donovan Chin. Treasurer □Other ¹ □Other _____ 622 Banyan Trail, Suite 214 Raton, FL 33431 Boca Raton, FL 33431 Boca Raton, FL 33431 □ Chairman □ Chairman Name: _____ Nume: □ Vice Chairman Address: ______ ☐ Vice Chairman Address: □Director □Director □President □President ☐ Vice President _____ □ Vice President □ Secretary □Treasurer □ Secretary □Treasurer □Other ____ □Other _____ □Other _____ □ Chairman Name: □ Chairman Name: ___ 17 □ Vice Chairman Address: ______ □Vice Chairman Address: □ Director □ Director □President □President □Vice President □Vice President □ Secretary □Treasurer □ Secretary ☐ Treasurer □Other _ □Other _____ □Other _____ □Other Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 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 \$817.155. F.S.

s.817.155, F.S.

Donovan Chin, Secretary



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "GRX ADMINISTRATORS, 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 THIRTIETH DAY OF JULY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GRX

ADMINISTRATORS, INC." WAS INCORPORATED ON THE FIFTH DAY OF MAY,

A.D. 2020.

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

Authentication: 203376498

Date: 07-30-20