

F22 000004472

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

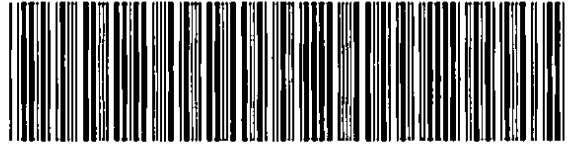
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W22-91453
04099
02970

Office Use Only



800390617368

2022 JUL 11 AM 9:37

2022 JUL 11 AM 11:21

RECEIVED

S. FRANKLIN
JUL 19 2022



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 12, 2022

CSC

SUBJECT: INFUCARE RX INC.
Ref. Number: W22000091453

RESUBMIT
Please give original
submission date as file date.

7/11/22

We have received your document for INFUCARE RX 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):

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company," "Corporation," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

The document number of the name conflict is M19000010312.

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.

Sharon D Franklin
Regulatory Specialist II

Letter Number: 822A00015518

Office of
TALLAHASSEE, FLORIDA

RECEIVED
2022 JUL 18 AM 11:22

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

ACCOUNT NO. : I20000000195

REFERENCE : 788458 8346249

AUTHORIZATION :

COST LIMIT : \$70.00



ORDER DATE : July 5, 2022

ORDER TIME : 9:19 AM

ORDER NO. : 788458-005

CUSTOMER NO: 8346249

2022 JUL 11 PM 9:37

FOREIGN FILINGS

NAME: INFUCARE RX 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: Eyliena Baker -- EXT#

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: InfuCare Rx 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:

Rob Buchner, Senior Paralegal

Name of Person

InfuCare Rx Inc.

Firm/Company

695 US Highway 46, Suite 100

Address

Fairfield, NJ 07004

City/State and Zip code

legal@infucarerx.com

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

For further information concerning this matter, please call:

Rob Buchner

at (877) 828-3940

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☒ \$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. InfuCare 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. New Jersey 3. 47-2925241
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 01/27/2015 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. 695 US Highway 46, Suite 100, Fairfield, NJ 07004
(Principal office street address)
- PO Box 2578, Secaucus, NJ 07096
(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)

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.

 ASVP.
(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. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

2022 JUL 11 PM 9:31

A. DIRECTORS

☒ Chairman Name: Deven Patel

☐ Vice Chairman Address: PO Box 2578

☐ Director Secaucus, NJ 07096

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: Tiffany Scheppers

☐ Vice Chairman Address: PO Box 2578

☐ Director Secaucus, NJ 07096

☐ President _____

☐ Vice President _____

☒ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: _____

☐ Vice Chairman Address: _____

☐ Director _____

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: Dhara Patel

☐ Vice Chairman Address: PO Box 2578

☒ Director Secaucus, NJ 07096

☒ President _____

☐ Vice President _____

☐ Secretary ☒ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: Alpesh Patel

☐ Vice Chairman Address: PO Box 2578

☒ Director Secaucus, NJ 07096

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: _____

☐ Vice Chairman Address: _____

☐ Director _____

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

2022 JUN 11 AM 9:37

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.

12. Dhara Patel
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. Dhara Patel, President
(Typed or printed name and capacity of person signing application)

**STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
SHORT FORM STANDING**

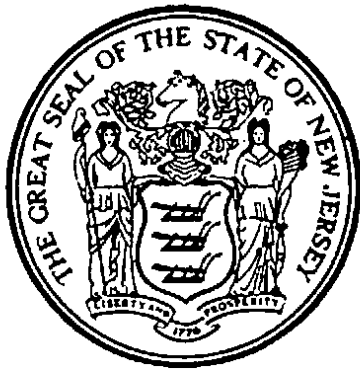
INFUCARE RX INC
0400719496

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic For-Profit Corporation was registered by this office on January 27, 2015.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

**CORPORATION SERVICE COMPANY
PRINCETON SOUTH CORPORATE CENTER,
SUITE 160, 100 CHARLES EWING BLVD
EWING, NJ 08628**



*IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed
my Official Seal at Trenton, this
8th day of July, 2022*

**Elizabeth Maher Muoio
State Treasurer**

Certificate Number : 6133687582

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp

2022 JUL 11 AM 9:37



P.O. Box 2578
Secaucus, NJ 07096

Tel (877) 828-3940
Fax (877) 828-3941

July 15, 2022

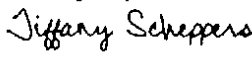
Florida Department of State
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Re: Consent to Use of Name for InfuCare Rx Inc.

To Whom It May Concern:

I, Tiffany Scheppers, Secretary of InfuCare Rx LLC, hereby grant permission and consent to InfuCare Rx Inc.'s use of the name: InfuCare Rx Inc. for all business purposes within and without the state of Florida. InfuCare Rx LLC is owned by InfuCare Rx Inc.

Regards.

DocuSigned by:

DCAC8E37F312487...

Tiffany Scheppers
Corporate Secretary

2022 JUL 11 AM 9:37