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770.422.1776 phone 770.426.6155 fax 49 Atlanta Street Marietta, Georgia 30060 WWW.GREGORYDOYLEFIRM.COM

Kelli Gordon

Email: kgordon@gregorydoylefirm.com

July 21, 2014

Cathy A. Carrothers Regulatory Specialist Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

RE: Encompass Rx LLC

Ref. Number: L12000037939

Dear Ms. Carrothers:

Pursuant to your letter dated July 1, 2014, a copy of which is enclosed for your reference, enclosed please find the corrected Articles of Merger and Cover Letter for the above-referenced matter. If you have any questions, or require additional information at this time, please do not hesitate to contact me.

Sincerely,

GREGORY, DOYLE, CALHOUN & ROGERS, LLC

Lell Dadan

Kelli Gordon

Paralegal For the Firm

/kg Enclosures

COVER LETTER

TO:	Amendment Section Division of Corporations		
SHRII	ECT: Encompass RX, LLC, a Ge	orgia limited liab	oility company
БСБ	Ber.	Name of Survivin	g Party
The en	nclosed Certificate of Merger and fee	e(s) are submitted	for filing.
Please	return all correspondence concernin	g this matter to:	
H. Sc	cott Gregory, Jr., Esq.		
	Contact Person		
Grego	ory, Doyle, Calhoun & Rogers, LL	-C	
	Firm/Company		
49 At	tlanta Street		
	Address		
Marie	etta, Georgia 30060		
	City, State and Zip Code		
sgreg	gory@gregorydoylefirm.com		
	E-mail address: (to be used for future annua	l report notification)	
For fu	orther information concerning this ma	atter, please call:	
H. Sc	cott Gregory, Jr., Esq.	at (422-1776
	Name of Contact Person	Area Code	
1	Certified copy (optional) \$30.00		
STREET ADDRESS:		MAILI	NG ADDRESS:
Amen	dment Section	Amendment Section	
	on of Corporations		of Corporations
	n Building	P. O. Bo	
	Executive Center Circle	i ailahas	ssee, FL 32314
	IANNEE, I'L. 32,301		



FLORIDA DEPARTMENT OF STATE Division of Corporations

July 1, 2014

KELLI GORDON GREGORY, DOYLE, CALHOUN & ROGERS 49 ATLANTA STREET MARIETTA, GA 30060

SUBJECT: ENCOMPASS RX LLC Ref. Number: L12000037939

We have received your document for ENCOMPASS RX LLC and your check(s) totaling \$50.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

ARTICLES OF MERGER MUST BE FILED PURSUANT TO FLORIDA STATUTES 605,1025. PLEASE USE ENCLOSED FORM.

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) 245-6050.

Letter Number: 914A00014202

Cathy A Carrothers Regulatory Specialist

www.sunbiz.org

Articles of Merger For Florida Limited Liability Company

The following Articles of Merger is submitted to merge the following Florida Limited Liability Company(ies) in accordance with s. 605.1025, Florida Statutes.

FIRST: The exact name, form/entity type, and jurisdiction for each merging party are as follows:

Name	Jurisdiction	Form/Entity Type		
Encompass RX, LLC	Florida	LLC		
SECOND: The exact name, form/entity typ	e, and jurisdiction of the <u>survivi</u>	ng party are as follows:		
Name	Jurisdiction	Form/Entity Type		
Encompass RX, LLC	Georgia	LLC		

THIRD: The merger was approved by each domestic merging entity that is a limited liability company in accordance with ss.605.1021-605.1026; by each other merging entity in accordance with the laws of its jurisdiction; and by each member of such limited liability company who as a result of the merger will have interest holder liability under s.605.1023(1)(b).

FOU	RTH: Please check one of the	ne boxes that a	apply to surviv	ing entity: (if applica	able)			
	This entity exists before the merger and is a domestic filing entity, the amendment, if any to its public organic record are attached.							
	This entity is created by the	merger and is	s a domestic fi	ling entity, the public	organic record is	s attached.		
	This entity is created by the limited liability partnership,	merger and is its statement	s a domestic li of qualificatio	mited liability limited on is attached.	d partnership or a	domestic		
\square	This entity is a foreign entity that does not have a certificate of authority to transact business in this state. The mailing address to which the department may send any process served pursuant to s. 605.0117 and Chapter 48, Florida Statutes is:							
	500 Bishop Street, NW							
	Suite A-3							
	Atlanta, Georgia 30318							
SEVE	ENTH: Signature(s) for Each	Party:			Typed or Printer	—— d		
Name of Entity/Organization: S		Si	ignature(s):		Name of Individual:			
Enco	mpass RX, LLC (Florida)		MIL	<u> </u>	John Ols	en		
Enco	mpass RX, LLC (Georgia)	2	John		John Ols John O	lsen		
Corno	rations:	Chairman A	Jiaa Chairman	Dungidant or Office				
Genera Florida Non-F	al partnerships: a Limited Partnerships: Florida Limited Partnerships: ed Liability Companies:	(If no director, Signature of Signatures of Signature of	s selected, signat	tner				
Fees:	For each Limited Liability C For each Limited Partnership For each Other Business Ent	o:	\$25.00 \$52.50 \$25.00	For each Corpora For each General Certified Copy (Partnership:	\$35.00 \$25.00 \$30.00		