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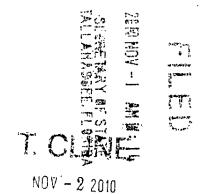
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
•
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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EXAMINE

COVER LETTER

TO: Registration Section Division of Corpora					
SUBJECT: PILL	STAT RY	LC ne of Limited Liability Con	npany		
The enclosed "Application by Existence, and check are sub-	Foreign Limited Liab	ility Company for Authoriz	zation to Transac		
Please return all corresponder	nce concerning this ma	atter to the following:			
	DENISE	FUSTER Name of Person			
		Name of Person			
	PILL STA	Firm/Company	dba	Safe Pose) 1
•	87- A		C 1		
	0120	G-UWS Rol Address	Soute	<u>.</u>	
	TUDIAN	City/State and Zip Code	4626	\$	
				m 13	
	E-mail address: (to	o be used for future annual	report notification	on)	3
For further information conce			•		1 gran, such
Denis	2 Fuster	at (_317	_) &&	9- 0550 w	
Na	me of Person	Area Code & Daytime	: Telephone Num	iber	**
MAILING ADDRE	<u>ISS:</u> tions	STREET ADDRESS: Division of Corporations		Service Control	-1 ₽-
Registration Section		Registration Section			
P.O. Box 6327 Tallahassee, FL 323	14	Clifton Building 2661 Executive Center Ci Tallahassee, FL 32301	ircle		
Enclosed is a check for the	he following amou	nt:			
\$125.00 Filing Fe	e \$130.00 Filing Certificate of		ng Fee & 🚺	5160.00 Filing Fee, Co of Status & Certifi	

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1	(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC."	"
	(Name of Poleigh Entitled Liability Company, must include Entitled Liability Company, L.E.C., of ELC.	,
con:	name gar and enter alternate name adopted for the purpose of transacting business in Florida and attach a copy sent of the managers or managing members adopting the alternate name. The alternate name must include "Limited mpany," "L.L.C," "LLC.")	of the written I Liability
2. (J	Jurisdiction under the law of which foreign limited liability ompany is organized) 3. 36-427699 (FEI number, if applicable)	
4	(Date of Organization) 5. Perpetsal (Duration: Year limited liability company will ceaexist or "perpetual")	ase to
6	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	
7	8770 GUIDD Rd Suite G	
	Street Address of Principal Office)	2
8. 1	(Street Address of Principal Office) If limited liability company is a manager-managed company, check here	Z JIZZAN
9. '	The name and usual business addresses of the managing members or managers are as follows:	an interest
	Please See Atlached	The same of the sa
	THE SEC ATTACHED STORY	<u></u>
thej	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody curisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign langual slation of the certificate under oath of the translator must be submitted.)	
11.	Nature of business or purposes to be conducted or promoted in Florida:	1 —
-	Danise D	
	Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)	
	Typed or printed name of signee	
	ryped or printed name of signee	

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:		
PIII STAT RX LIC		
If unavailable, the alternate to be used in the state of Florida is:		
Accopay, uc		
2. The name and the Florida street address of the registered agent and office are:		
CT CORPORATION SYSTEM (Name)		aga 1 ∫, - 1, ¥ - 2,
Florida Street Address (P.O. Box NOT ACCEPTABLE)		g casement g casement g general en en
Plantation, FL 33324 City/State/Zip	ST STATE	Trace of

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

(Signature)

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)



Effective 8/1/08

AccuPac, LLC 8770 Guion Road, Suite G Indianapolis, IN 46268 FIN: 26-2122050

Manager and 100% owner of Pill Stat Rx, LLC

Pill Stat Rx, LLC dba SafeDose Pharmacy 8770 Guion Road, Suite G Indianapolis, IN 46268 FIN: 36-4276991

Officers:

Dennis Chookaszian, Chairman (ownership) 1017 Elm Street Willmette, IL 60091 Phone: 312-822-5212

Ron Kutrieb, President, CEO (ownership) 1385 Helene Drive Brookville, WI 53045 Phone: 312-287-7345

David Kline, VP Marketing (ownership) 870 Central Road Rye Beach, NH 03871 Phone: 603-964-2092

Denise Foster, CFO (no ownership in company) 5018 Somerset Lane Zionsville, IN 46077 Phone: 317-408-1518

SERVE DAY OF STATE

Delaware

PAGE 1

The First State

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

DELAWARE, DO HEREBY CERTIFY "PILL STAT RX, L.L.C." IS DULY

FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE TWENTY-EIGHTH DAY OF SEPTEMBER, A.D.

2010.

999328 8300

100924505

AUTHENT (CATION: 8257158

DATE: 09-28-10

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