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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

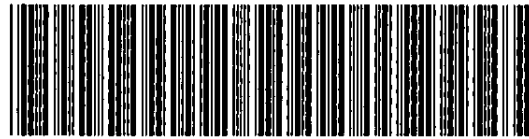
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2014 APR 9 AM 11:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR - 9 2013
T. HAMPTON

CORSARO & ASSOCIATES CO., LPA

**28039 CLEMENS ROAD
WESTLAKE OH 44145
(440) 871-4022/TELEPHONE
(440) 871-9567/FACSIMILE**

April 4, 2014

VIA UPS #1Z F60 R31 01 9294 7321
FLORIDA DEPARTMENT OF STATE
Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: Americure Rx Management, LLC

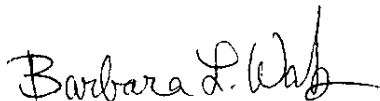
Dear Sir or Madam:

Enclosed herewith, please find the following, being submitted for filing on behalf of the above-referenced entity:

- 1) Cover Letter;
- 2) Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida;
- 3) Certificate of Existence issued by the Delaware Secretary of State less than ninety (90) days ago; and
- 4) Check No. 1167 made payable to "Florida Department of State" in the amount of \$125.00.

If you should have any questions and/or comments regarding the enclosed, please do not hesitate to contact me.

Sincerely,
CORSARO & ASSOCIATES CO., LPA



By: Barbara L. Watson, Paralegal to
Michael F. Halper, Esq.

/blw

Enclosures

cc: Mr. Jaco du Plessis (w/o encls.) (via email)

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Americure Rx Management, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

Barbara L. Watson, Paralegal

Name of Person

Corsaro & Associates Co., LPA

Firm/Company

28039 Clemens Road

Address

Westlake, OH 44145

City/State and Zip Code

BWatson@corsarolaw.com

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

For further information concerning this matter, please call:

Barbara L. Watson

Name of Contact Person

at (**440**)

Area Code

871-4022

Daytime Telephone Number

MAILING ADDRESS:

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

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☐ \$160.00 Filing Fee, Certificate
of Status & Certified Copy

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

*IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A
FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:*

1. Americure Rx Management, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Delaware

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 45-2514181

(FEI number, if applicable)

4. _____

(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 6620 Grant Way Suite B

Allentown, PA 18106

(Street Address of Principal Office)

6. 6620 Grant Way Suite B

Allentown, PA 18106

(Mailing Address)

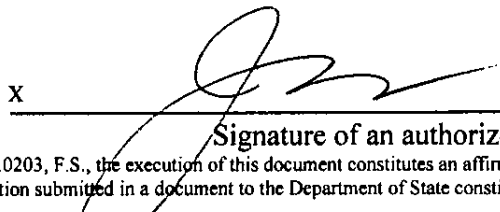
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Jaco du Plessis, Manager, 6620 Grant Way, Allentown, PA 18106

Ben Volpe, Manager, 6620 Grant Way, Allentown, PA 18106

8. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

X



Signature of an authorized person

(In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any 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.)

Jaco du Plessis

Typed or printed name of signee

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), 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:

Americure Rx Management, LLC

If unavailable, the alternate to be used in the state of Florida is:

2. The name and the Florida street address of the registered agent and office are:

CT Corporation System

(Name)

1200 South Pine Island Road

Florida Street Address (P.O. Box NOT ACCEPTABLE)

Plantation FL 33324

City/State/Zip

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 605, Florida Statutes.

CT CORPORATION SYSTEM

Renee Cruz, Asst. Secretary

By: X

Renee Cruz
(Signature)

\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Delaware

PAGE 1

The First State

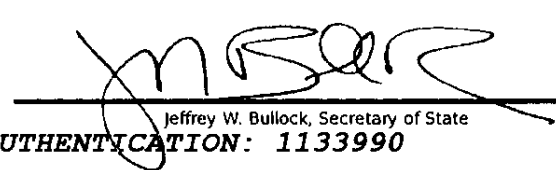
I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AMERICURE RX MANAGEMENT, LLC." IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWELFTH DAY OF FEBRUARY, A.D. 2014.

4991920 8300

140168760

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




jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 1133990

DATE: 02-14-14