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COVER LETTER

	Registration Section Division of Corporation	S				
CUD IE	SCMRX, LLC					
SUBJEC	CT:	Name of	Limited Liability (Company		
		eign Limited Liability Comp d to register the above refer				
Please re	eturn all correspondence c	oncerning this matter to the	following:			
	Wendi Taber					
		N	ame of Person			
	· Script Care, Ltd	l.				
		F	irm/Company	·		
	6380 Folsom D	rive				
			Address			
	Beaumont, TX	77706				
	<u> </u>	City/S	tate and Zip Code			
	wtaber@scriptca	re.com				
		E-mail address: (to be used	d for future annual	report not	ification)	
For furth	er information concerning	g this matter, please call:				
	Frank Messina		409 at (833-90		
	Name o	f Contact Person	Area Code	Day	rtime Telephone Number	
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			Division Registrat Clifton B 2661 Exe	of Corporations ion Section uilding centive Center Circle see, FL 32301	
	l is a check for the follow ■ \$125.00 Filing Fee	ing amount: \$\Bigsize \\$130.00 \text{ Filing Fee & Certificate of Status}\$	☐ \$155.00 Filit Certified Copy	ng Fee &	☐ \$160.00 Filing Fee, C of Status & Certified Co	

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TOTRANSACT RUSINESS IN THE STATE OF FLORIDA.

(If name unavailable, enter al	ternate name adopted for the purpose of tr	ansacting busines	s in Florida. The alternate name must	include "Limited	
Liability Company," "L.L.C," 2. Texas	·	45-9788621			
2. (Jurisdiction under the law company is organized)	of which foreign limited liability	43-9700021	(FEI number, if applicable)		
A		•			
T	(Date first transacted business in (See sections 605.0904 & 605.0905,	Florida, if prior to	registration.)		
5. 6380 Folsom Drive	(300 \$00,0704 & 003,0704)	1.5, to determine	penanty nationally)	•	
Beaumont, TX 77706				ال 15) : : (2)
	(Street Address of Princi	pal Office)			33
6. Same as Above				JUN 12	Ĩ.
					7
	(Mailing Addre	55)		P 8	Υ
7. Name and street addres	s of Florida registered agent: (P.O. Bo	ox <u>NOT</u> accepta	ible)	PH 12: 38	<u>.</u>
Name:	CT Corporation System			38	
Office Address:	1200 South Pine Island Road				
	Plantation		, Florida		
Registered agent's accep	(City)		(Zip code)	•	
this application, I hereby with the provisions of all the obligations of my posi	Rogil ered s	agent and agree nulete performa gent's signature)	to act in this capacity. I further nee of my duties, and I am familiary Schroeder Assistant Secreta	agree to comply lar with and accept	
•	city and address of the person(s) who		•		
) Folsom Drive, Beaumont, TX 77706				
Beaumont, TX 77706; Du	stin Brown, Senior Executive Vice Pr	esident - 6380 F	olsom Drive, Beaumont, TX 7770	<u></u>	
jurisdiction under the law of the translator must be so (In accordance with section the facts stated herein are	Ans to	authorized person	in/language, a translation of the co	ntificate under oath	ıt thir

Typed or printed name of signee

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



Carlos H. Cascos Secretary of State

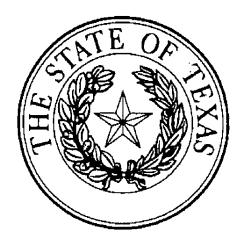
Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Articles Of Organization for SCMRX, LLC (file number 708438022), a Domestic Limited Liability Company (LLC), was filed in this office on February 23, 2001.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on June 05, 2015.



Cull -

Carlos H. Cascos Secretary of State

SECRETARY OF SIANDIVISION OF COMPORATION

Come visit us on the internet at http://www.sos.state.tx.us/

Fax: (512) 463-5709 TID: 10264 Dial: 7-1-1 for Relay Services Document: 610050320003