#M15000005514

(Requestor's Name)	
(Address)	
(Address)	
(Madress)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAI	L
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
Penaly & Cuo W15-46359	
Office Use Only	



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07/15/15--01008--001 **638.75

07/07/15--01020--009 **125.00

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SECRETARY OF STATE
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K.SALY EXAMINER JUL 15 2015

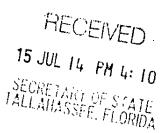


FLORIDA DEPARTMENT OF STATE Division of Corporations

July 9, 2015

ROBERT RIDGE DIRECTRX, LLC 1111 ALDERMAN DR, STE. 450 ALPHARETTA, GA 30005

SUBJECT: DIRECTRX, LLC Ref. Number: W15000046359



We have received your document for DIRECTRX, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

According to the application submitted to this office, this entity transacted business in the state of Florida before properly registering with the Florida Department of State, Division of Corporations. Consequently, a \$500 civil penalty and an annual report filing fee for each year the entity failed to properly file a Florida annual report are due this office. Based on the date entered on the application, the civil penalty and annual report filing fees total \$638.75.

There is a balance due of \$638.75.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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.

Karen A Saly Regulatory Specialist II

Letter Number: 715A00014386

COVER LETTER

TO:

Registration Section

Div	Directly 14.6						
SUBJECT:	DirectRX, LLC		Limited Liability Co	mpany			
The enclosed Existence, an	i "Application by Fo	reign Limited Liability Com d to register the above refer	pany for Authorizatio	on to Tra Hiability	insact Business in Florida," Certificate o y company to transact business in Florida		
Please return	all correspondence	concerning this matter to the	following:				
	Robert Ridge						
	Name of Person						
	Direct RX, LLC						
	Firm/Company						
	1111 Alderman Drive Ste 450						
	Address						
	Alpharetta, GA 30005						
	City/State and Zip Code						
	robert_ridge@b	elisouth.net					
		E-mail address; (to be use	d for future annual re	port not	ification)		
For further in	nformation concernir	ng this matter, please call:					
Rol	bert Ridge	•	770 at ()	653-38	24		
	Name	of Contact Person	Area Code	Day	time 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					
	a check for the follow 125.00 Filing Fee	ving amount: ☐ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filing Certified Copy	Fee &	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy		

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 TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "L.L.C.," or "L.L.C.," (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. Georgia (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) 06/19/2014 (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, P.S. to determine penalty liability) Direct Rx 1111 Alderman Drive Ste 450 Alpharetta, GA 30005 (Street Address of Principal Office) 6. Direct Rx 1111 Alderman Drive Ste 450 Alpharetta, GA 30005 (Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) InCorp Services, Inc. Name: 17888 67th Court North Office Address: Loxahachee, FL (City) 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. Sara Brantigam on behalf of InCorp Services, Inc. (Registered agent's signature)

9. Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

Signature of an authorized person

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

Robert Ridge

Typed or printed name of signee

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

Robert Ridge Pres / Owner 1351 Hester Drive Cumming GA 30028

Control No.: 13466331

STATE OF GEORGIA

Secretary of State Corporations Division 313 West Tower

#2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530



CERTIFICATE OF ORGANIZATION

I, Brian P. Kemp, The Secretary of State and the Corporation Commissioner of the State of Georgia, hereby certify under the seal of my office that

DirectRx, LLC a Domestic Limited Liability Company

is hereby issued a CERTIFICATE OF ORGANIZATION under the laws of the State of Georgia on October 02, 2013 by the filing of all documents in the Office of the Secretary of State and by the paying of all fees as provided by Title 14 of the Official Code of Georgia Annotated.

WITNESS my hand and official seal in the City of Atlanta and the State of Georgia on November 20, 2013



B: P.L

Brian P. Kemp Secretary of State