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COVER LETTER

TO: Registration Section

ECT: _		Name of	Limited Liability	Company		
nclosed "/ ence, and o	Application by Fo check are submitt	oreign Limited Liability Com ed to register the above refe	npany for Authoriza renced foreign limi	ition to Tr ted liabilit	ansact Business in Florida," y company to transact busir	Certific ness in Fi
return al	l correspondence	concerning this matter to the	e following:			
	Michael Peteri	nan				
	 -	١	Name of Person			
	Precriptix LLC					
		F	Firm/Company	<u> </u>		
	1910 Park Me	adows Drive Suite 200				
			Address			
	Fort Myers, FI	. 33907				
		City/	State and Zip Code			
	accounting@ver	radata.com				
		E-mail address: (to be use	ed for future annual	report no	tification)	
rther info	rmation concerni	ng this matter, please call:				
Kevin Marlow		239 at (839-86	17		
	Name	of Contact Person	Area Code	Day	ytime Telephone Number	
Division Registi P.O. B	ING ADDRESS on of Corporation ration Section ox 6327 assee, FL 32314			Division Registrat Clifton B 2661 Exc	of Corporations tion Section Building ecutive Center Circle see, FL 32301	
	eck for the follow 5.00 Filing Fee	ving amount: ☐ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filir Certified Copy	ng Fee &	□ \$160.00 Filing Fee, Co of Status & Certified Cop	

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:

Prescriptix LLC			
(Name of For	eign Limited Liability Company; must include "Limite	ed Liability Company," "L.L.C.," o	or "LLC.")
	Iternate name adopted for the purpose of transacting b	usiness in Florida. The alternate na	une must include "Limite
ability Company," "L.L.C,	," or "LLC.")		
Delaware	of which foreign limited liability	(FEI number, if applicable	<u> </u>
company is organized)	of which foreign finited flatinity	(FEI number, it appricate	c)
July 1, 2015			
	(Date first transacted business in Florida, if p (See sections 605.0904 & 605.0905, F.S. to det	rior to registration.)	_
1910 Park Meadows D	•		
Fort Myers, FL 33907			
	(Street Address of Principal Office)		ZS 5
1910 Park Meadows D	rive Suite 200		- Kris Juli
Fort Myers, FL 33907			蓝菜 3
TOIL MIYELS, I'L 33707	(Mailing Address)		- % - 5
			SSEE FLORIE
Name and street address	ss of Florida registered agent: (P.O. Box <u>NOT</u> a	cceptable)	1.1 1.1
Name:	Michael Peterman		RIDA RIDA
Office Address:	1910 Park Meadows Drive Suite 200		
	Fort Myers	, Florida <u>33907</u>	
	(City)	(Zip code)	
nis application, I hereby ith the provisions of all ne obligations of my pos	egistered agent and to accept service of process j accept the appointment as registered agent and statutes relative to the proper and complete per ition as registered agent. (Registered agent's sign	agree to act in this capacity. If primance of my duties, and I a	I further agree to com
· · · · · · · · · · · · · · · · · · ·	acity and address of the person(s) who has/have a	luthority to manage is/are:	
Michael Peterman Manag	ger		
	of existence, no more than 90 days old, duly autof which it is organized. (If the certificate is in a ubmitted)		
•	Signature of an authorized		_
	Signature of an authorized	person	
	f in accordance with section 605.0203 (1) (b), Flo		
ubmitted in a document to	the Department of State constitutes a third degree	e felony as provided for in s.81	7.155, F.S.

Typed or printed name of signee

Delaware

PAGE 1

The First State

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

DELAWARE, DO HEREBY CERTIFY "PRESCRIPTIX 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 SEVENTEENTH DAY OF JULY, A.D. 2015.

5781610 8300

151030695

AUTHENTYCATION: 2567069

DATE: 07-17-15

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