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COVER LETTER

BJECŤ:	Brew Barr, LLC				·
DJECI;		Name	of Limited Liability	Company	
enclosed stence, an	l "Application by Fo	oreign Limited Liability Co ted to register the above re	ompany for Authoriz ferenced foreign lim	stion to Transact Business i	n Florida," Certific asact business in F
se return	all correspondence	concerning this matter to	the following;		
	Nancy Myers		.,		
*** •		_ 	Name of Person	· · · · · · · · · · · · · · · · · · ·	
	OpusRx, LLC			. •	
			Firm/Company		
. 1	350 W. Wood	row Wilson Avenue, Suite	132	•	
			Address		
	Jackson, MS 3	9213			
	, ,	City	//State and Zip Code		芸芸の
	nmyers@opustx	pbarmacy.com			三面 夏
		E-mail address: (to be u	sed for fulture annua	report notification)	202
urther in	formation concernit	ng this moner, please call:			SEE YY OF
Nanc	cy Myers	•	601 at (326-5398	FILE
•	Namo	of Contact Person	Area Code	Daytime Telephone I	
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327			STREET ADDRESS: Division of Corporations Registration Section Clifton Building	**************************************	
Tálla	hassee, FL 32314			2661 Executive Center Cir Tallahassee, FL 32301	ale
	check for the follow 25.00 Filing Fee	ving amount: II \$130.00 Filing Fee & Certificate of Status	🗆 \$155.00 Filin Certified Copy	g Foo & S \$160.00 Filin of Status & Cer	ng Fee, Certificate

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

IN COMPLIANCE WITH SEA COMPANY TO TRANSACT B	CTION 605.0902, FLORIDA STATUTE USINESS IN THE STATE OF FLORID	ES THE FOLLOWING M:	G IS SÜBMITTIÐ TÓ REGISTI	ER A POREIGN LIMITED LIABILITY
1, Brew Barr, LLC				تناصف مناوه الاراد
(Name of Por	reign Limited Lishility Company; mi	ust include "Limited	Liability Company,""L.L.C.	," or "LLC,")
Liability Company," 'L.L.C	lternate name adopted for the purpo " or "LLC.")	so of transacting bus	siness in Florida. The alternate	e name must include "Limited
2. Mississippi	•	3. <u>45-46872</u>	53	\$ ·
	of which foreign limited liability	~ <u> </u>	(FEI number, if applie	able)
4:	(Date first transacted busin (See sections 605.0904 & 605	ess in Florida, if prid 5,0905, P.S. to deter	or to registration.) ming begintly liability)	
5. 350 W. Woodrow Wil	son Avenue, Suite 132			<u> </u>
Jackson, MS 39213				
		Principal Office)		- <u></u>
6, 350 W. Woodrow Wils	on Avenue, Suite 132			三 公 5
Jackson, MS 39213				ER S T
	Mailing	Address)		
7. Name and attest address	ss of Florida registered agent: (P	O Box NOT acc	eptable)	紹子 in
Name:	C T Corporation System	· 		THE O
Office Address:	1200 South Pine Island Road			ST 9
	Plantation		, Florida 33324	32
Régistered agent's accep	(City)		(Zip.code)	,
Having been named as ro this application, I hereby with the provisions of all s the obligations of my posi	gistered agent and to accept seri accept the appointment as regist statutes relative to the proper an tion as registered agent. CTGC y: Mill L. M	tered agent and a d complete perfor	ree to act in this capacity inance of my duties, and he seemed to Seranhin Asst. Secret	I further agree to comply am familiar with and accept
	• • •		•	•
	city and address of the person(s) ith Way, Clinton, MS 39056 Mar		hority to manage is/are;	
Mitchell Chad Barrett 350	W. Woodrow Wilson Avenue, S	Suite 132 Jackson,	MS 39213 Manager	
	of existence, no more than 90 days of which it is organized. (If the cebmitted)			
	Mobile			' _w
	Signature	of an authorized per	son	·
This document is executed submitted in a document to	in accordance with section 605.0 the Department of State constitut	203 (1) (b), Florid tes a third degree f	a Statutes, I am aware that clony as provided for in s.8	any false information 17.155, F.S.
	Mittenall Charl	Barrett		· ·

Typed or printed name of signee



DELBERT HOSEMANN Secretary of State

Office of the Secretary of State Jackson, Mississippi

Certificate of Good Standing

I, C. DELBERT HOSEMANN, JR., Secretary of State of the State of Mississippi, and as such, the legal custodian of the records as required by The Mississippi Limited Liability Company Act to be filed in my office do hereby certify:

BREW BARR LLC.

Registered the 6th day of July, 2011

A Mississippi Limited Liability Company has filed the necessary documents in this office and has obtained a certificate of formation under the provisions of The Mississippi Limited Liability Company Act as shown by the records in this office.

That the registered office of said Limited Liability Company is located at:

350 W Woodrow Wilson, Ste 132 Jackson, MS 39213

And that the registered agent at that address is:

Cathy J Hopkins

I further certify that said Limited Liability Company has paid the fees for filing the above papers required by law as shown by the records of this office, and that said Limited Liability Company is in good standing to do business in Mississippi at this time.

Given under my hand and seal of office the 9th day of November, 2015

C. Delbert Hosemann, Jr.

Secretary of State

Certificate Number: CN15016622

Verify this certificate online at http://corp.sos.ms.gov/corpconv/verifycertificate.aspx