(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	<del>= #)</del>
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



900282366119

02/22/16--01027--011 \*\*160.00

MAR 0 3 2016 Y SULKER



February 24, 2016

MARK ACKER PO BOX 420 FOLEY, AL 36536

SUBJECT: MEDISTAT RX LLC Ref. Number: W16000013797

We have received your document for MEDISTAT RX LLC and your check(s) totaling \$160.00. However, the document has not been filed and is being retained in this office for the following:

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 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.

Yasemin Y Sulker Regulatory Specialist II

Letter Number: 716A00003849

## COVER LETTER

TO:	Registration Section Division of Corporation	ns				
SUBJ	ECT: Mea	listat				
		Name of	Limited Liability (	Company		
The ei Existe	nclosed "Application by Fo	reign Limited Liability Comed to register the above refer	pany for Authoriza enced foreign limit	ition to Tr ted liabilit	ansact Business in Florida," Certificate of y company to transact business in Floric	)f a
Please	e return all correspondence	concerning this matter to the	following:			
		Mark Acke	r			
		N	ame of Person			
		Medistat F	irm/Company		and the second of the second o	
		PO Box 420				
			Address			
		Foley, AL City/S	36536			
		City/S	tate and Zip Code			
		10 511				
	<i>n</i>	E-mail address: (to be use	. COM d for future annual	report no	tification)	
				тероп по	inivation)	
For Iu	rther information concerning	ng this matter, please call:				
	Mark	1-lear	2-1		Ch-5349	
	Name	Acker of Contact Person	Area Code	) Dav	time Telephone Number	
	MAILING ADDRESS Division of Corporation	<u>:</u> S		Division	Γ ADDRESS: of Corporations	
	Registration Section				ion Section	
	P.O. Box 6327			Clifton B		
	Tallahassee, FL 32314				ecutive Center Circle see, FL 32301	
Enclos	sed is a check for the follow	ving amount:				
	□ \$125.00 Filing Fee	□ \$130.00 Filing Fee &	□ \$155.00 Filin		\$160.00 Filing Fee, Certificate     ■	
		Certificate of Status	Certified Copy		of Status & Certified Conv	

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

COMPANY TO TRANSACT BUSI	NESS IN THE STATE OF FLORIC	DA:					IED DABILI
1. Medista (Name of Foreign	TRX UL n Limited Liability Company; m	nust include "Limit	ted Liability	Company," "L.L.C.,	or "LLC.")		
(If name unavailable, enter alter Liability Company," "L.L.C," or	r "LLC.")						
2. Alabama		3	30-	El number, if applica	·		
2. Alabama (Jurisdiction under the law of company is organized)					ible)		
4	NA						
37100	(Date first transacted busin (See sections 605.0904 & 60	ness in Florida, if j 05.0905, F.S. to de	etermine pen	alty liability)			
5	Blue Marline Beach AL (Street Address of	36561			<del></del>		
6. <b>PO</b> B							
Foley,	AL 36536 (Mailing	g Address)					
7. Name and street address of	of Florida registered agent: (1	P.O. Box NOT	acceptable		pieros .	16 FE	
Name:	Monica Her	ron	<u>-</u>		34.0 45.5 45.5	82	
Office Address: _	1405 Monte Valrico	Lake D	<i>r</i>			9 P	guar
_	Valrico		, F	lorida <u>33596</u>		PM 1:5	Market
Designation of a general and a grant and a	(City)			(Zip code)	) 最多	Š	
Registered agent's acceptar Having been named as regis		ervice of process	for the ab	ove stated limited l	iability con	ıpany (	at the place
designated in this application to complywith the provisions accept the obligations of my	n, I hereby accept the appoint sof all statutes relative to the	ntment as regist e proper and co	tered agent	and agree to act in	n this capac	city. 1 j	further agre
accept the obligations of my							
		a Hen					
	(Regi	istered agent's sigi	nature)				
8. The name, title or capacit	- Acker						
CEO	ager						
Man	ager		•	· · · · · · · · · · · · · · · · · · ·			
9. Attached is a certificate of jurisdiction under the law of of the translator must be subr	existence, no more than 90 cwhich it is organized. (If the	days old, duly au	thenticated	l by the official hav	ing custody		
	Signatui	re of an authorized	d person				
TILL CONTRACTOR OF THE	_	,	•	f	C-1 :	<b>6</b> 0	tion
This document is executed in submitted in a document to the							uon

MARIC Acker
Typed or printed name of signee

John H. Merrill Secretary of State

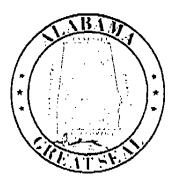
P.O. Box 5616 Montgomery, AL 36103-5616

## STATE OF ALABAMA

0101, 22

I, John H. Merrill, Secretary of State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

the entity records on file in this office disclose that Medistat RX, LLC was formed in Baldwin County, Alabama on December 20, 2007. The Alabama Entity Identification number for this entity is 413-846. I further certify that the records do not disclose that said entity has been dissolved, cancelled or terminated.



20160229000013286

In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the city of Montgomery, on this day.

2/29/2016

Date

. W. Menill

John H. Merrill

Secretary of State