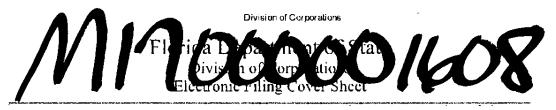
2/23/2017



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H170000515913)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (614)280-3338 Fax Number : (954)208-0845

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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## Foreign Limited Liability Company **Enhanced Medication Services, LLC**

Certificate of Status	O O
Certified Copy	ð
Page Count	04
Estimated Charge	\$125.00

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TO:

Registration Section

## **COVER LETTER**

		DICATION SERVICES, LLC				
UBJECT:						
he enclosed xistence, ar	i "Application by Fo	reign Limited Liability Comp ed to register the above refere	eany for Authoriza	ion to Tre ed liability	ansact Business in Florida," Certi y company to transact business in	ificate of Florida
lease return	all correspondence	concerning this matter to the	following:			
	MARIA SONI	KSEN				
	Name of Person					
	RX30 TOPCO	, INC.				
	Firm/Company					
	788 MONTGOMERY AVENUE					
	Address					
	OCOEE, FL	34761				
		City/S	tate and Zip Code		<del></del>	
	msonksen@rx30	O.com				
		E-mail address: (to be used	d for future annual	report no	lification)	
or further is	nformation concernir	ng this matter, please call:				
AL	AN TATUM		407 at (	295 50	50 X 7 313	
	Name	of Contact Person	Area Code	Day	rtime Telephone Number	
Div Reg P.C	VILING ADDRESS vision of Corporation gistration Section D. Box 6327 lahassee, FL 32314			Division Registrat Clifton B 2661 Exc	of Corporations ion Section suilding cutive Center Circle see, FL 32301	
	a check for the follow \$125.00 Filing Fee	ving amount:  \$130.00 Filing Fee & Certificate of Status	S155.00 Filin Certified Copy	g Fee &	☐ \$160.00 Filing Fee, Certifice of Status & Certified Copy	cale

## 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.

some for the state of the	MINED IN THE STATE OF TENMINA				
	TION SERVICES, LLC				
(Name of Fore	ign Limited Liability Company; mus	st inch	ide "Limited Liab	lity Company," "L.L.C" or "	CLC.")
f name unavailable, enter at iability Company," "L.L.C."	ternate name adopted for the purpose or "LLC.")	ofire	nsacting business	in Florida. The alternate name	must include "Limited
DE		2	30-0966725		
(Jurisdiction under the law of which foreign limited liability company is organized)		3.		(FEI number, if applicable)	
	D6				
	(Date first transacted busine (See sections 605.0904 & 605.	0905.	F.S. to determine	penalty liability)	
788 MONTGOMERY	AVENUE				
OCOEE, FL 34761					
	(Street Address of I	rincip	al Office)		3 7
788 MONTGOMERY	AVENUE		···		- B
OCOEE, FL 34761					(3)
	(Mailing /	Addres	s)		
Name and street address	s of Florida registered agent: (P.	O. Bo	x <u>NOT</u> accepta	ble)	. و
Name:	C T CORPORATION SYSTEM	М			, °
Office Address:	1200 SOUTH PINE ISLAND ROAD BROWARD			1	<i>₹</i>
	PLANTATION			, Florida 33324 (Zip code)	
	(City)			(Zip code)	
rsignated in this applica complywith the provisi	gistered agent and to accept serviton, I hereby accept the appoint ons of all statutes relative to the my position as registered agent.	ment	as registered ag	ent and agree to act in this	s capacity. I further ag and I am familiar with
	(Regist	ered a	gent's signature)		
3. The name, title or cap	acity and address of the person(s)	who	has/have authori	ty to manage is/arc:	
MARIA SONKSEN	TREASURER/CFO				
88 MONTGOMERY A	VENUE				<del></del>
OCOEE, FL 34761					
	of existence, no more than 90 da of which it is organized. (If the cubmitted)				
	Signature	of an	authorized person		
	in accordance with section 605.0 the Department of State constitu				
	MARIA SONKSEN		-		

Typed or printed name of signee

## Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "ENHANCED MEDICATION SERVICES, 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 TWENTY-THIRD DAY OF FEBRUARY, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

6303466 8300

SR# 20171161506

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

Authentication: 202084194

Date: 02-23-17