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.

(((H170000932513)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-5383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone : (614)280-3338

: (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.

Email Address:__

Foreign Limited Liability Company Valeda RX, LLC

Certificate of Status	U
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

APR 0 6 2017

To Page 3 of 5

COVER LETTER

UBJECT:	Valeda RX, LLC				
CIA/IICI.	Name of Limited Liability Company				
					insact Business in Florida," Certifica y company to transact business in Flo
lease return	all correspondence o	concerning this matter to the	following:		
	Chris Antypas				
		Ń.	ame of Person		
	Valeda RX, Ll	.C.			
		F	um/Company	···-	
	250 Mt. Deban	on-Blvd Ste 208			
			Address		
	Pittsburgh P/	N-15234			
		City/S	tate and Zip Code		<u> </u>
	chris.antypas@v	aledahealth.com			
		E-mail address: (to be use		report not	tification)
or further in	formation concernin	g this matter, please call	t _V		
Kim	berly Steinmetz		888 nt (201-62	
	Name	of Contact Person	Area Code	Day	rtime Telephone Number
Divi Regi P.O.	ILING ADDRESS: sion of Corporations stration Section Box 6327 thassee, FL 32314			Division Registrat Clifton B 2661 Exe	CADDRESS: of Corporations ion Section duilding secutive Center Circle see, FL 32301
	check for the follow 125.00 Filing Fee	ing amount: \$\text{\text{\$\exitt{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\exitt{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\exitt{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\exitt{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\exitt{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\exitt{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\exitt{\$\text{\$\text{\$\text{\$\text{\$\text{\$\}}}}}}}}}} \end{length}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}	□ \$155.00 Filing Certified Copy	g 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:

Valeda RX, LLC					
(Name of Fore	eign Limited Liability Company; must include "Limited Li	ability Company," "L.L.C.," or "	LLC.)		_
If name unavailable, enter al liability Company," "L.L.C,	ternate name adopted for the purpose of transacting business or "LLC.")	ess in Florida. The alternate name	e must inc	shude "Lii	nuted
Pennsylvania	3.				
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI munber, if applicable)			_
	(Date first transacted business in Florida; if prior)	o registration.)			
250 Mt. Lebanon Blvd	(Date first transacted business in Florida, if prior (See sections 605,0904 & 605,0905, F.S. to determine Ste 208	ne penalty liability)			
Pittsburgh, PA 15234					
250'Mt, Lebanon Blvd	(Street Address of Principal Office) Ste 208		40.0		
^	100 100		1 · .	17	
Pittsburgh, PA 15234				A S	
	(Mailing Address)		Maria Cos	ズi	
'. Name and street addres	s of Florida registered agent. (P.O. Box <u>NOT</u> accep	table)		Ch	; `
Name:	C T Corporation System				
Office Address:	1200 South Pine Island Road	<u> </u>	<u>デ</u> し 発売	mer and	
	Plantation	, Florida		G)	
	(City)	(Zip code)	• •		
designated in this applica	gistered agent and to accept service of process for to tion. I hereby accept the appointment as registered ons of all statutes relative to the proper and complet	agent and agree to act in this	capacit	y. I furt	her agre
eccept the obligations of i	ny position as registered agent.	Kimberly Steinmetz		, ,	
	By Corporation System	Vice President and	-		
	By interly ten meter (Repetered agent's signature	Assistant Secretary	,		
8. The name, title or cans	icity and address of the person(s) who has/have autho	rity to manage is/are			
-	lanager, 250 Mt. Lebanon Blvd Ste 208, Pittsburgh F				
, , , , , , , , , , , , , , , , , , , ,				• -	
				.	
	of existence, no more than 90 days old, duly authent of which it is organized. (If the certificate is in a fore ibmitted):				
	alt nat				
	Signature of an authorized person	жі			
This document is executed ubmitted in a document to	I in accordance with section 605,0203 (1) (b), Florida o the Department of State constitutes a third degree fe	Statutes, I am aware that any lony as provided for in s.817.	false infe 155, F.S.	ormation	1
	Christopher R Antypas, Manager				
	Typed or printed name of signee				

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE 04/04/2017

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

Valeda RX, LLC

is duly registered as a Pennsylvania Limited Liability Company under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.

IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written.

Secretary of the Commonwealth

Certification Number: TSC170404182223-1

Verify this certificate online at http://www.corporations.pa.gov/orders/verify.aspx