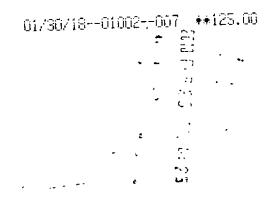
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(Re	questor's Name)	
(Ad	dress)	
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PICK-UP	TIAW [MAIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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FEB 2 O 70.5 J. HARRIE

COVER LETTER

	Registration Section Division of Corporation	s				
SUBJECT	r. 340B Consultin	g, LLC				
CODJEC		Name of L	imited Liability C	Company		
		eign Limited Liability Comp I to register the above refere				
Please retu	arn all correspondence co	oncerning this matter to the	following:			
	Curtis Frazie	er				
		Na	me of Person			
	340B Consu	ulting, LLC				
		Fi	m/Company			
	2606 W Joh	n St				
			Address			
	Champaign,	IL 61821				
		City/St	ate and Zip Code			
	Curtis@340E					
		E-mail address: (to be used	for future annual	report not	ification)	
For furthe	r information concerning	g this matter, please call:				
(Curtis Frazier		at (307	222-6	6449	
_	Name o	f Contact Person	Area Code	Day	time Telephone Number	
7. R P	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Fallahassee, FL 32314			Division Registrati Clifton B 2661 Exe	of Corporations ion Section uilding cutive Center Circle see, FL 32301	
	is a check for the follow \$125.00 Filing Fee	ing amount: \$\int_\$130.00 Filing Fee & Certificate of Status	\$155.00 Filin Certified Copy	ig Fee &	\$160.00 Filing Fee, Co	



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 2, 2018

CURTIS FRAZIER 2606 W JOHN ST CAMPAIGN, IL 61821

SUBJECT: 340B CONSULTING, LLC

Ref. Number: W18000010867

We have received your document for 340B CONSULTING, LLC and your check(s) totaling \$125.00. However, the document has not been filed and is being retained in this office for the following:

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

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.

Jenna D Harris Regulatory Specialist II

Letter Number: 918A00002217

RECEIVED

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

IN COMPLIANCE WITH SECTION 6050902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY, TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

				
name unavailable, enter alability Company," "L.L.C."		ose of transacting b	usiness in Florida. The alternate nan	ne must include "
Wyoming		_{3.} 82-149		
Jurisdiction under the law company is organized)	of which foreign limited liability		(FEI number, if applicable)
				_
	(Date first transacted business) (See sections 605.0904 & 60	ness in Florida, it p 05.0905, F.S. to dete	rior to registration.) crmine penalty liability)	
412 N. Main St S	TE 100			_
Buffalo, WY 8283	34			÷ ÷ :
		f Principal Office)		- ; <u>+</u> -
2606 W John St				_ · ;
Champaign, IL 61	1821			ر
		g Address)		- ,
Name and street addres	ss of Florida registered agent: (P.O. Box NOT a	cceptable)	1. ±1.
	Registered Agents Inc		•	i,
Name:	3030 N. Rocky Point D	Dr. STE 150A		
000				
Office Address:				
Office Address:	Tampa			_
egistered agent's accep	Tampa (City)		, Florida 33607 (Zip code)	– ility company a
egistered agent's accep aving been named as re signated in this applica complywith the provisi	Tampa (City) Itance: Tripical and to accept securition, I hereby accept the appoint one of all statutes relative to the my position as registered agent	ervice of process j intment as registe te proper and con	Florida 33607 (Zip code) for the above stated limited liab red agent and agree to act in the applete performance of my duties	is capacity. If
egistered agent's accep aving been named as re signated in this applica complywith the provisi cept the obligations of t	Tampa (City) Itance: In a gent and to accept section, I hereby accept the appoil ons of all statutes relative to the my position as registered agent. (Reg	ervice of process j intment as registe te proper and con t. istered agent's sign:	Florida 33607 (Zip code) for the above stated limited liab. red agent and agree to act in the applete performance of my duties. ature)	is capacity. If
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egistered agent's acceptiving been named as resignated in this application comply with the provision of the obligations of the name, title or capable curtis Frazier - Prinary Attached is a certificate risdiction under the law	Tampa (City) Itance: Ingistered agent and to accept section, I hereby accept the appoil ons of all statutes relative to the my position as registered agent (Regular and address of the person (acipal - 2606 W John St.) It of existence, no more than 90 of which it is organized. (If the ubmitted)	ervice of process plantment as registed to proper and condition is the proper and condition is the proper agent's signal is who has/have at the proper agent's champaign days old, duly aut	Florida 33607 (Zip code) For the above stated limited liable red agent and agree to act in the applete performance of my duties atture) Suthority to manage is/are: IL 61821 Thenticated by the official having foreign language, a translation of	els capacity. I finds, and I am fam.

Typed or printed name of signee

Curtis Frazier

STATE OF WYOMING Office of the Secretary of State

I, KAREN L. WHEELER, ACTING SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

340B Consulting, LLC

is a

Limited Liability Company

formed or qualified under the laws of Wyoming did on **May 9, 2017**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2017-000753082**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 19th day of February, 2018 at 2:45 PM. This certificate is assigned 025589734.

Acting Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website http://wyobiz.wy.gov and following the instructions displayed under Validate Certificate.