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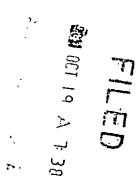
(Requestor's Name)	_
(Address)	_
(Address)	_
(City/State/Zip/Phone #)	_
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	_
Special Instructions to Filing Officer:	

Office Use Only



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09/27/18--01019--032 **160.00





FLORIDA DEPARTMENT OF STATE Division of Corporations

October 3, 2018

RACHAEL BOURQUE 1644 PRAYER HOUSE OPELOUSAS, LA 70570

SUBJECT: ALABAMA-ONE MEDS LLC

Ref. Number: W18000087879

We have received your document for ALABAMA-ONE MEDS LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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 your document, along with 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.

Dionne M Scott Regulatory Specialist II

Letter Number: 318A00020569

District of Control of DO DOY (2007 M H)

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Alabama DNL Meds LLC Name of Limited Liability Company	
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Flor	of ida.
Please return all correspondence concerning this matter to the following:	
Rachael Bourque	
Alabama one meds	
1444 prayer House rd. 3 Th	
OpelauSas IA City/State and Zip Code	i J
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Rachall Bourgul at (985) U37 04 U5 Name of Contact Person Area Code Daytime Telephone Number	
MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301	
Enclosed is a check for the following amount: \$\Begin{array} \precedent \text{\$425.00 Filing Fee} & \Begin{array} \precedent \text{\$130.00 Filing Fee} \text{\$\$\text{\$\}\$\$}}\$\text{\$\$\text{\$\	

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

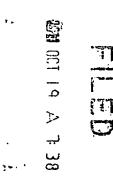
1. 11 CA OHINE (Name of Foreign L.	NESS INTHE STATE OF FLORIDA: A DIE MOUS LLC muted Liability Company; must include "Limited Liability Company," "L.L.C.," or "LEC.")
· OlABAMA	to adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L. L.C." or "LLC") 3. 45 - 0479667 (FEI number, at applicable)
. October	3,2018
5. 102 A. Bu Folt Walto	(Data lifest transacted business in Florida, it prior to registration.) (See sections 605,0904 & 605,0905, F.S. to determine penalty liability) (CL PL (See sections 605,0904 & 605,0905, F.S. to determine penalty liability) (See sections 605,0904 & 605,0905, F.S. to determine penalty liability) (Mailing Address) (Mailing Address) (Mailing Address) (Mailing Address) (Mailing Address)
7. Name and street address	of Florida registered agent: (P.O. Box NOT acceptable)
	Thomas RINEY 335 ANDREW TACKSON THAT 5
Office Address:	335 ANDREW TACKSON TRAIL 5 M
	GULF RICETE, Florida 32561-9412
designated in this applicati to comply with the provisio	stered agent and to accept service of process for the above stated limited liability company at the place on, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agrees of all statutes relative to the proper and complete performance of my duties, and I am familiar with of my position as registered agent. (Registered agent's signature)
8. The name, title or capace Title or Capacity: President	Name and Address: Name and Address: Title or Capacity: Name and Address:
(Use attachments if necessa	ry)
	f existence, no more than 90 days old, duly authenticated by the official having custody of records in the
	which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath

John H. Merrill Secretary of State P.O. Box 5616 Montgomery, AL 36103-5616

STATE OF ALABAMA

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 Alabama-One Meds, LLC was formed in Mobile County, Alabama on May 22, 2002. The Alabama Entity Identification number for this entity is 682-336. I further certify that the records do not disclose that said entity has been dissolved, cancelled or terminated.





20181008000035308

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.

10/08/2018

Date

X. M. Merill

John H. Merrill

Secretary of State