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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

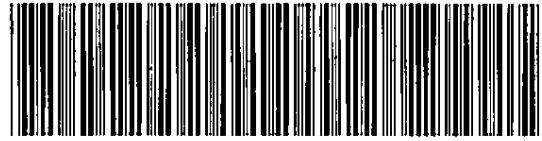
(Business Entity Name)

(Document Number)

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2019 SEP 10 PM 4:08

REGISTRATION

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Robert Nahoopii

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Robert Nahoopii

Name of Person

Turnkey Pharmacy Solutions, LLC

Firm/Company

12180 S 300 E, Suite #1644

Address

Draper, UT 84020

City/State and Zip Code

rnahoopii@turnkeyrxsol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert Nahoopii

Name of Contact Person

at (801)

Area Code

602-6042

Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy
- \$160.00 Filing Fee, Certificate of Status & Certified Copy

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CONFIDENTIAL

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:

1. Turnkey Pharmacy Solutions, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Utah
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 45-4874879
(FEI number, if applicable)

4. 5/7/2019
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 13162 Cherry Crest Dr
(Street Address of Principal Office)

6. 12180 S 300 E, Suite #1644
(Mailing Address)

Draper, UT 84020

Draper, UT 84020

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Registered Agents Inc.

Office Address: 7901 4th St N STE 300

St. Petersburg, Florida 33702
(City) (Zip code)

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FILED

Registered agent's acceptance:
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Handwritten signature

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity: Manager Member Authorized Person Other _____

Name and Address: Name: Robert Nahoopii
Address: 13162 Cherry Crest Dr
Draper, UT 84020

Title or Capacity: Manager Member Authorized Person Other _____

Name and Address: Name: John Rich Bucher
Address: 4072 Splendor Way
Salt Lake City, UT 84124

Manager Member Authorized Person Other _____

Name: Richard Iverson
Address: 483 Hidden Lane
North Salt Lake City, UT 84054

Manager Member Authorized Person Other _____

Name: _____
Address: _____

Manager Member Authorized Person Other _____

Name: _____
Address: _____

Manager Member Authorized Person Other _____

Name: _____
Address: _____

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Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Robert Nahoopii
Signature of an authorized person

Robert Nahoopii



Utah Department of Commerce
Division of Corporations & Commercial Code

160 East 300 South, 2nd Floor, PO Box 146705
Salt Lake City, UT 84114-6705
Service Center: (801) 530-4849
Toll Free: (877) 526-3994 Utah Residents
Fax: (801) 530-6438
Web Site: <http://www.commerce.utah.gov>

09/03/2019
8274654-016009032019-1769809

CERTIFICATE OF EXISTENCE

Registration Number: 8274654-0160
Business Name: TURNKEY PHARMACY SOLUTIONS , LLC
Registered Date: March 28, 2012
Entity Type: LLC - Domestic
Status: Current

The Division of Corporations and Commercial Code of the State of Utah, custodian of the records of business registrations, certifies that the business entity on this certificate is authorized to transact business and was duly registered under the laws of the State of Utah. The Division also certifies that this entity has paid all fees and penalties owed to this state; its most recent annual report has been filed by the Division (unless Delinquent); and, that Articles of Dissolution have not been filed.



Jason Sterzer
Director
Division of Corporations and Commercial Code
