

MA0000615476

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

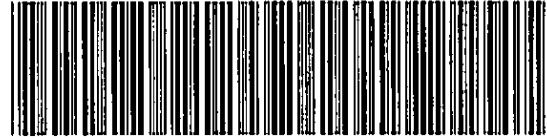
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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21 NOV 12 PM 2:03  
CLERK OF COURT  
MASSACHUSETTS

T. LEMIEUX  
NOV 18 2021

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** TrueScripts Management Services, LLC

\_\_\_\_\_  
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:

Bianca Davis

\_\_\_\_\_  
Name of Person

TrueScripts Management Services, LLC

\_\_\_\_\_  
Firm/Company

513 E. South St.

\_\_\_\_\_  
Address

Washington, IN 47501

\_\_\_\_\_  
City/State and Zip Code

biancad@truescripts.com

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

For further information concerning this matter, please call:

Bianca Davis

812

297-7954

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Contact Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

**Mailing Address:**

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

**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. TrueScripts Management Services, LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC")

N/A

(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. Indiana 46-4334244  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

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

5. 513 E. South St. 6. 513 E. South St.  
(Street Address of Principal Office) (Mailing Address)  
Washington, IN 47501 Washington, IN 47501

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

Name: Northwest Registered Agent, LLC  
Office Address: 7901 4th St. N STE. 300  
St. Petersburg 33702  
(City) Florida (Zip code)

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CLERK OF THE CIRCUIT COURT  
IN AND FOR THE COUNTY OF HILLSBORO, FLORIDA

**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.*

*Northwest Registered Agent, LLC*

(Registered agent's 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:                      Name and Address:

☐ Manager              Name: Nathan Gabhart

☒ Member              Address: 513 E. South St.

☒ Authorized              Washington, IN 47501

Person \_\_\_\_\_

☒ Other Founder                      ☐ Other \_\_\_\_\_

☐ Manager              Name: John Bell

☒ Member              Address: 513 E. South St.

☒ Authorized              Washington, IN 47501

Person \_\_\_\_\_

☒ Other Co-Founder                      ☐ Other \_\_\_\_\_

☐ Manager              Name: Nick Rasche

☐ Member              Address: 513 E. South St.

☒ Authorized              Washington, IN 47501

Person \_\_\_\_\_

☒ Other CFO                      ☒ Other COO

Title or Capacity:                      Name and Address:

☐ Manager              Name: Kevin Messmer

☒ Member              Address: 513 E. South St.

☒ Authorized              Washington, IN 47501

Person \_\_\_\_\_

☒ Other Co-Founder                      ☒ Other Chief Legal Ofc.

☐ Manager              Name: Dean Merder

☐ Member              Address: 513 E. South St.

☒ Authorized              Washington, IN 47501

Person \_\_\_\_\_

☒ Other President                      ☒ Other CEO

☐ Manager              Name: Kurt Carpenter

☐ Member              Address: 513 E. South St.

☒ Authorized              Washington, IN 47501

Person \_\_\_\_\_

☒ Other Chief Info. Ofc.                      ☐ Other \_\_\_\_\_

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.



Signature of an authorized person

Dean Merder

Typed or printed name of signee

**State of Indiana**  
**Office of the Secretary of State**  
**Certified Copies**

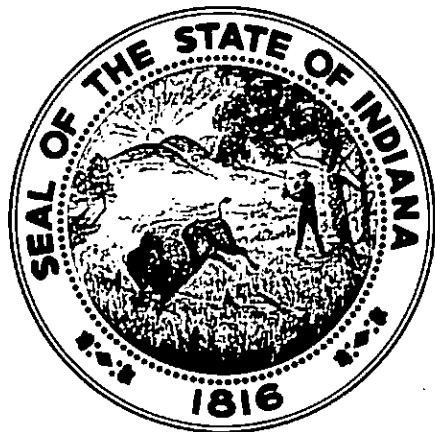
To Whom These Presents Come, Greeting:

I, HOLLI SULLIVAN, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that this is a true and complete copy of this 2 page document consisting of the following records filed in this office:

Certification Date: November 10, 2021  
Business Name: TRUESCRIPTS MANAGEMENT SERVICES LLC  
Business ID: 2013121600020

Transaction	Date Filed	No. of pages
Business Entity Report	10/12/2021	2
Total No. of pages		2



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, November 10, 2021

HOLLI SULLIVAN  
SECRETARY OF STATE

2013121600020 / 14200345

All certificates should be validated here: <https://bsd.sos.in.gov/ValidateCertificate>  
Expires on December 10, 2021.