

**M2300001524**

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (954)208-0845  
Fax Number : (614)573-3996

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: Finance@promptcare.net

**Foreign Limited Liability Company  
ARJ INFUSION SERVICES, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$1,071.25

**Please honor the original filing date of 12/30/22**

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

IN COMPLIANCE WITH SECTION 605.0602, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. ARJ Infusion Services, LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC")

(If not invariable, 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. Kansas 3. 43-1889645  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 10/26/2019  
(Date first transacted business in Florida, if prior to registration)  
(See sections 605.0901 & 605.0902, F.S. to determine penalty liability)

5. 7320 Marshal Drive 6. The PromptCare Companies, Inc.  
(Street Address of Principal Office) (Mailing Address)

Lenexa, KS 66214

41 Spring Street, Suite 103

New Providence, NJ 07974 1143

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

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324  
(City) (Zip code)

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.

By: Mark Holloway C T Corporation System  
(Registered agent's signature) Mark Holloway, Asst. Sec.

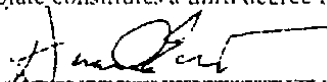
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage (up to six (6) total):

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>Paul Jardina</u>	<input checked="" type="checkbox"/> Manager	Name: <u>David Evans</u>
<input type="checkbox"/> Member	Address: <u>41 Spring Street</u>	<input type="checkbox"/> Member	Address: <u>41 Spring Street</u>
<input type="checkbox"/> Authorized	<u>Ste. 103</u>	<input type="checkbox"/> Authorized	<u>Ste. 103</u>
Person	<u>New Providence, NJ 07974-1143</u>	Person	<u>New Providence, NJ 07974-1143</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input checked="" type="checkbox"/> Manager	 Name: <u>Joseph Polisco</u>	 <input checked="" type="checkbox"/> Manager	 Name: <u>Andrew Copeland</u>
<input type="checkbox"/> Member	Address: <u>41 Spring Street</u>	<input type="checkbox"/> Member	Address: <u>7920 Marshall Drive</u>
<input type="checkbox"/> Authorized	<u>Ste. 103</u>	<input type="checkbox"/> Authorized	<u>Lenexa, KS 66214</u>
Person	<u>New Providence, NJ 07974-1143</u>	Person	<u>Lenexa, KS 66214</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	 Name: _____	 <input type="checkbox"/> Manager	 Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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

David Evans

Typed or printed name of signer

**STATE OF KANSAS**  
**OFFICE OF**  
**SECRETARY OF STATE**  
**SCOTT SCHWAB**

I, SCOTT SCHWAB, Secretary of State of the state of Kansas, do hereby certify, that according to the records of this office.

Business Entity ID Number: 2878270

Entity Name: ARJ INFUSION SERVICES, LLC

Entity Type: DOM: LTD LIABILITY COMPANY

State of Organization: KS

was filed in this office on May 12, 2000, and is in good standing, having fully complied with all requirements of this office.

No information is available from this office regarding the financial condition, business activity or practices of this entity.



In testimony whereof I execute this certificate and affix the seal of the Secretary of State of the state of Kansas on this day of December 12, 2022

**SCOTT SCHWAB**  
**SECRETARY OF STATE**

Certificate ID: 1246098 - To verify the validity of this certificate please visit <https://www.kansas.gov/bess/flow/validate> and enter the certificate ID number.

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**ARJ Infusion Services, Inc.**

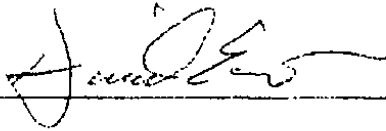
**41 Spring Street**

**Suite 103**

**New Providence, New Jersey 07974-1143**

ARJ Infusion Services, Inc. a Florida Corporation, with Doc ID P19000084896 (the "*Company*") filed articles of dissolution with the Florida Department of State on November 29, 2022. The Company has no intention of revoking the dissolution, therefore, releasing the name for use to another entity, and hereby consents to ARJ Infusion Services, LLC, a Kansas limited liability company, using the name "ARJ Infusion Services, LLC" when registering with the Florida Department of State.

By: \_\_\_\_\_



Name: David Evans

Title: Chief Financial Officer

10/11/2022  
10/11/2022  
10/11/2022