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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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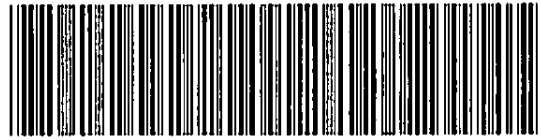
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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K. Brumby

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**SUBJECT:** Epiphany RA, LLC

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April 14, 2023

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

**Re: Application by Foreign LLC for Authorization to Transact Business in Florida**

To Whom It May Concern:

On March 3, 2023, an application for a Florida Domestic Limited Liability Company was filed in error by our company. On April 12, 2023, we filed for dissolution to correct that error. I am now refiling the appropriate documentation for our company using the enclosed Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida.

As part of the termination process and re application, I am affirming that we do not plan on reinstating Epiphany Rx, LLC as a Florida Domestic Limited Liability Company and therefore release the name.

Please contact me at (608) 298-5786 or [Janice.Duncan@Navitus.com](mailto:Janice.Duncan@Navitus.com) if there is any additional information I can provide.

Sincerely,

Janice Duncan  
Paralegal

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. Epiphany Rx, 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. Delaware 36-4855405  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 02/07/22  
(Date first transacted business in Florida, if prior to registration)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 361 Integrity Drive  
(Street Address of Principal Office)  
Madison, WI 53717  
6. 361 Integrity Drive  
(Mailing Address)  
Madison, WI 53717

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

Name: CT 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.

Sherry McGinnes

Sherry McGinnes, Asst Secretary

(Registered agent's signature)

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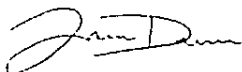
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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>David Fields, CEO</u>	<input checked="" type="checkbox"/> Manager	Name: <u>George Hepburn III, CFO</u>
<input type="checkbox"/> Member	Address: <u>361 Integrity Drive</u>	<input type="checkbox"/> Member	Address: <u>361 Integrity Drive</u>
<input type="checkbox"/> Authorized	<u>Madison, WI 53717</u>	<input type="checkbox"/> Authorized	<u>Madison, WI 53717</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input checked="" type="checkbox"/> Manager	Name: <u>Paul Page, Secretary</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Brent Eberle, CPO</u>
<input type="checkbox"/> Member	Address: <u>361 Integrity Drive</u>	<input type="checkbox"/> Member	Address: <u>361 Integrity Drive</u>
<input type="checkbox"/> Authorized	<u>Madison, WI 53717</u>	<input type="checkbox"/> Authorized	<u>Madison, WI 53717</u>
Person	_____	Person	_____
<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

Janice Duncan

\_\_\_\_\_  
Typed or printed name of signee

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "EPIPHANY RX, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIRST DAY OF APRIL, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "EPIPHANY RX, LLC" WAS FORMED ON THE TWELFTH DAY OF DECEMBER, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.



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SR# 20231049194

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml).

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock Secretary of State" is printed in a small font.

Authentication: 203057465

Date: 04-01-23