

W230000009605

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

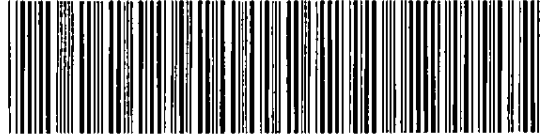
(Business Entity Name)

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2023 JUL 24 AM 8:49  
SECRETARY OF STATE  
TALLAHASSEE, FL

W23-88129

13



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 23, 2023

MICHAEL HOOD  
1590 UNIVERSITY AVENUE  
DUBUQUE, IA 52001 US

SUBJECT: MEDONE, L.C.  
Ref. Number: W23000088129

We have received your document for MEDONE, L.C. and check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name of a limited liability company in the state of Florida must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." Please add the appropriate designation to the name of your limited liability company or to the alternate name you have selected for the state of Florida, if your name is unavailable in this state. The following suffixes are no longer acceptable limited liability company suffixes in Florida: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co." also are no longer acceptable.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Ariel Jones  
Regulatory Specialist II

Letter Number: 423A00014273

COVER LETTER

TO: Registration Section  
Division of Corporations

MedOne, L.C.

SUBJECT: \_\_\_\_\_  
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:

Michael Hood

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

MedOne, L.C.

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

1590 University Avenue

\_\_\_\_\_  
Address

Dubuque, IA 52001

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

mhood@medone-rx.com

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

For further information concerning this matter, please call:

Michael Hood

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

803

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

Area Code

269-6584

\_\_\_\_\_  
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. MedOne, L.C.  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

MedOne Pharmacy Benefit Solutions Limited Liability Company

(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. Iowa 3. 26-1769761  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. N/A - Services provided in Florida fall under interstate commerce exception under Sec. 605.0905.  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability.)

5. 1590 University Avenue 6. 1590 University Avenue  
(Street Address of Principal Office) (Mailing Address)  
Dubuque, IA 52001 Dubuque, IA 52001

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)

**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.*

David Roberts  
(Registered agent's signature)

FILED  
2023 JUL 24 AM 8:43  
SECRETARY OF STATE  
FLORIDA

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: Wesley Hartig

☒ Member Address: 1770 Plymouth Court, Dubuque

☒ Authorized \_\_\_\_\_

Person \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☒ Manager Name: George Lazenby

☒ Member Address: 1407 Chickering Road, Nashville

☐ Authorized \_\_\_\_\_

Person \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☒ Manager Name: Mark Lyle

☒ Member Address: 4420 Overton Crest Street, Ft. V

☐ Authorized \_\_\_\_\_

Person \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

**Title or Capacity:** **Name and Address:**

☒ Manager Name: Charlie Hartig

☒ Member Address: 5636 Knob Road, Nashville, TN

☐ Authorized \_\_\_\_\_

Person \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☒ Manager Name: Murray Lyle

☒ Member Address: 155 Windover Drive, Asheville, I

☐ Authorized \_\_\_\_\_

Person \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☒ Manager Name: Richard Hartig

☒ Member Address: 560 Villa, Dubuque, IA 52003

☐ Authorized \_\_\_\_\_

Person \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ 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.

DocuSigned by:

*Wesley Hartig*

D0073A67F2C2481

Signature of an authorized person

Wesley Hartig

Typed or printed name of signer

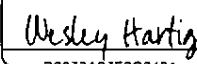
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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>Wesley Hartig</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Charlie Hartig</u>
<input checked="" type="checkbox"/> Member	Address: <u>1770 Plymouth Court, Dubuque</u>	<input checked="" type="checkbox"/> Member	Address: <u>5636 Knob Road, Nashville, TN</u>
<input checked="" 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 _____
<input checked="" type="checkbox"/> Manager	Name: <u>George Lazenby</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Murray Lyle</u>
<input checked="" type="checkbox"/> Member	Address: <u>1407 Chickering Road, Nashville</u>	<input checked="" type="checkbox"/> Member	Address: <u>155 Windover Drive, Asheville, NC</u>
<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 _____
<input checked="" type="checkbox"/> Manager	Name: <u>Mark Lyle</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Richard Hartig</u>
<input checked="" type="checkbox"/> Member	Address: <u>4420 Overton Crest Street, Ft. V</u>	<input checked="" type="checkbox"/> Member	Address: <u>560 Villa, Dubuque, IA 52003</u>
<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 _____

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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.

DocuSigned by:  
  
 D9073A97F2C2481... Signature of an authorized person  
 Wesley Hartig  
 \_\_\_\_\_  
 Typed or printed name of signer

**IOWA SECRETARY OF STATE  
PAUL D. PATE**



**CERTIFICATE OF EXISTENCE**

Issue Date: 6/14/2023

Name: MEDONE, L.C. (489DLC - 227440)

Date of Incorporation: 4/16/1999

Duration: 4/16/2024

I, Paul D. Pate, Secretary of State of the State of Iowa, custodian of the records of incorporations, certify the following for the limited liability company named on this certificate:

- a. The entity is in existence and duly incorporated under the laws of Iowa.
- b. All fees, taxes and penalties required under the Revised Uniform Limited Liability Company Act and other laws due the Secretary of State have been paid.
- c. The most recent biennial report required has been filed with the Secretary of State.
- d. The Secretary of State has not administratively dissolved the limited liability company.
- e. The Secretary of State has not filed either a statement of dissolution or statement of termination.

Certificate ID: **CS270756**

To validate certificates visit:

**[sos.iowa.gov/ValidateCertificate](https://sos.iowa.gov/ValidateCertificate)**

A handwritten signature in black ink, reading "Paul D. Pate". The signature is stylized with a large, flowing "P" and "D".

Paul D. Pate, Iowa Secretary of State