

# State of Idaho

Office of the Secretary of State

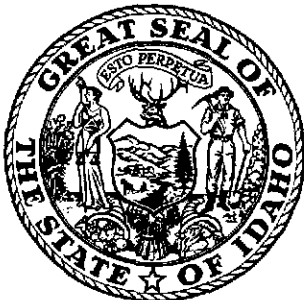
**CERTIFICATE OF AUTHORITY  
OF  
ACARIAHEALTH PHARMACY #13, INC.**

File Number C 204679

I, LAWRENCE DENNEY, Secretary of State of the State of Idaho, hereby certify that an Application for Certificate of Authority, duly executed pursuant to the provisions of the Idaho Business Corporation Act, has been received in this office and is found to conform to law.

ACCORDINGLY and by virtue of the authority vested in me by law, I issue this Certificate of Authority to transact business in this State and attach hereto a duplicate of the application for such certificate.

Dated: January 15, 2015



*Lawrence Denney*  
SECRETARY OF STATE

By *Cynthia* *12*



# APPLICATION FOR CERTIFICATE OF AUTHORITY (For Profit)

(Instructions on Back of Application)

2015 JAN 15 PM 2:09

SECRETARY OF STATE  
STATE OF IDAHO

The undersigned Corporation applies for a Certificate of Authority and states as follows:

1. The name of the corporation is:

AcariaHealth Pharmacy #13, Inc.

2. The name which it shall use in Idaho is: \_\_\_\_\_

3. It is incorporated under the laws of: California

4. Its date of incorporation is: 05/08/2007

5. The address of its principal office is:

3302 Garfield Avenue, Commerce, CA 90040

6. The address to which correspondence should be addressed, if different from item 5, is:

7. The street address of its registered office in Idaho is: 921 S Orchard Street, Suite G, Boise, Idaho 83705

and its registered agent in Idaho at that address is: CT Corporation System

8. The names and respective business addresses of its directors and officers are:

Name	Title	Business Address
<u>Donald Howard</u>	<u>President/Direct</u>	<u>6923 Lee Vista Blvd., #300, Orlando FL 32802</u>
<u>Carmen Fontanez</u>	<u>EVP Sales &amp; Mktg</u>	<u>6923 Lee Vista Blvd., #300, O</u>
<u>Jeffrey Fisher</u>	<u>Chief Operating</u>	<u>6923 Lee Vista Blvd., #300, O</u>
<u>Stephen Jensen</u>	<u>Chief Financial</u>	<u>6923 Lee Vista Blvd., #300, O</u>
<u>Jason Harrold</u>	<u>Vice President &amp;</u>	<u>7700 Forsyth Blvd., #800, St. Louis MO 63105</u>

Dated: 12/19/14

Signature: [Signature]

Typed Name: Jason Harrold

Capacity: Vice President

(The signer must be a director or an officer of the corporation.)

Customer Acct #:

(If using pre-paid account)

Secretary of State use only

IDAHO SECRETARY OF STATE

01/15/2015 05:00

CK: PREPAID CT: 278665 BH: 1457371

1Q 100.00 = 100.00 AUTH PRO #2

Web Form

C204679

**State of California  
Secretary of State**

**CERTIFICATE OF STATUS**

**ENTITY NAME:**

**ACARIAHEALTH PHARMACY #13, INC.**

**FILE NUMBER: C2918289**  
**FORMATION DATE: 05/08/2007**  
**TYPE: DOMESTIC CORPORATION**  
**JURISDICTION: CALIFORNIA**  
**STATUS: ACTIVE (GOOD STANDING)**

**I, ALEX PADILLA, Secretary of State of the State of California,  
hereby certify:**

**The records of this office indicate the entity is authorized to  
exercise all of its powers, rights and privileges in the State of  
California.**

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



**IN WITNESS WHEREOF, I execute this certificate  
and affix the Great Seal of the State of  
California this day of January 08, 2015.**

*Alex Padilla*

**ALEX PADILLA  
Secretary of State**