

**Exhibit 10b: LucyRx LucyRx Governance Documents Integrated
Pharmacy, LLC - Company Documents**



Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for INTEGRATED PHARMACY, LLC (file number 802281305), a Domestic Limited Liability Company (LLC), was filed in this office on August 27, 2015.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on May 26, 2016.



A handwritten signature in black ink, appearing to read "Cascos" followed by a horizontal line.

Carlos H. Cascos
Secretary of State

Secretary of State
P.O. Box 13697
Austin, TX 78711-3697
FAX: 512/463-5709



**Certificate of Formation
Limited Liability Company**

Filing Fee: \$300

Filed in the Office of the
Secretary of State of Texas
Filing #: 802281305 08/27/2015
Document #: 627695880002
Image Generated Electronically
for Web Filing

Article 1 - Entity Name and Type

The filing entity being formed is a limited liability company. The name of the entity is:

INTEGRATED PHARMACY, LLC

Article 2 - Registered Agent and Registered Office

☒ A. The initial registered agent is an organization (cannot be company named above) by the name of:

CT CORP SYSTEM

OR

☐ B. The initial registered agent is an individual resident of the state whose name is set forth below:

C. The business address of the registered agent and the registered office address is:

Street Address:

1999 BRYAN STREET, SUITE 900 DALLAS TX 75201-3136

Consent of Registered Agent

☐ A. A copy of the consent of registered agent is attached.

OR

☒ B. The consent of the registered agent is maintained by the entity.

Article 3 - Governing Authority

☒ A. The limited liability company is to be managed by managers.

OR

☐ B. The limited liability company will not have managers. Management of the company is reserved to the members.

The names and addresses of the governing persons are set forth below:

Manager 1: (Business Name) **INTEGRATED PRESCRIPTION MANAGEMENT, INCORPORATED**

Address: **7815 N. PALM AVENUE, SUITE 400 FRESNO CA, USA 93711**

Article 4 - Purpose

The purpose for which the company is organized is for the transaction of any and all lawful business for which limited liability companies may be organized under the Texas Business Organizations Code.

Supplemental Provisions / Information

Attached please find a letter from Bruce M. Brown of Wild, Carter & Tipton, holder of the name reservation for "Integrated Pharmacy, LLC," dated July 14, 2015, authorizing the filing of this Certificate of Information (also being filed by Wild, Carter & Tipton on behalf of the entity).

[The attached addendum, if any, is incorporated herein by reference.]

Texas SOS-ltr1(Release Name Reservation)(signed).pdf

Organizer

The name and address of the organizer are set forth below.

W. TROY COLLINS **7815 N. PALM AVE., STE. 400, FRESNO, CA 93711**

Effectiveness of Filing

☒ A. This document becomes effective when the document is filed by the secretary of state.

OR

☐ B. This document becomes effective at a later date, which is not more than ninety (90) days from the date of its signing. The delayed effective date is:

Execution

The undersigned affirms that the person designated as registered agent has consented to the appointment. The undersigned signs this document subject to the penalties imposed by law for the submission of a materially false or fraudulent instrument and certifies under penalty of perjury that the undersigned is authorized under the provisions of law governing the entity to execute the filing instrument.

W. TROY COLLINS

Signature of Organizer

FILING OFFICE COPY



Office of the Secretary of State

**CERTIFICATE OF FILING
OF**

INTEGRATED PHARMACY, LLC
File Number: 802281305

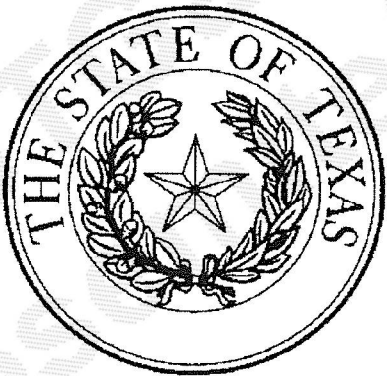
The undersigned, as Secretary of State of Texas, hereby certifies that a Certificate of Formation for the above named Domestic Limited Liability Company (LLC) has been received in this office and has been found to conform to the applicable provisions of law.

ACCORDINGLY, the undersigned, as Secretary of State, and by virtue of the authority vested in the secretary by law, hereby issues this certificate evidencing filing effective on the date shown below.

The issuance of this certificate does not authorize the use of a name in this state in violation of the rights of another under the federal Trademark Act of 1946, the Texas trademark law, the Assumed Business or Professional Name Act, or the common law.

Dated: 08/27/2015



Effective: 08/27/2015



A handwritten signature in black ink, appearing to read "Cascos", followed by a horizontal line.

Carlos H. Cascos
Secretary of State

16-313993

	Secretary of State Statement of Information (Limited Liability Company)	91 	LLC-12
	IMPORTANT — Read instructions before completing this form. Filing Fee - \$20.00 Copy Fees - Face Page \$1.00 & .50 for each attachment page, Certification Fee - \$5.00		
1. Limited Liability Company Name Integrated Pharmacy, LLC			
2. 12-Digit Secretary of State File Number 201616510070		3. State or Place of Organization (only if formed outside of California) Texas	

FILED
 Secretary of State
 State of California

JUN 24 2016

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This Space For Office Use Only

4. Business Addresses			
a. Street Address of Principal Office - Do not list a P.O. Box	City (no abbreviations)	State	Zip Code
1999 Bryan Street, Suite 900	Dallas	TX	75201
b. Mailing Address of LLC, if different than item 4a	City (no abbreviations)	State	Zip Code
7815 N. Palm Avenue, Suite 400	Fresno	CA	93711
c. Street Address of California Office, if item 4a is not in California - Do not list a P.O. Box	City (no abbreviations)	State	Zip Code
7815 N. Palm Avenue, Suite 400	Fresno	CA	93711

5. Manager(s) or Member(s) If no managers have been appointed or elected, provide the name and address of each member. At least one name and address must be listed. Attach additional pages, if necessary.

a. First Name	Middle Name	Last Name	Suffix
Integrated Prescription Management, Incorporated			
b. Address	City (no abbreviations)	State	Zip Code
7815 N. Palm Avenue, Suite 400	Fresno	CA	93711

6. Agent for Service of Process Item 6a and 6b: If the agent is an individual, the agent must reside in California and item 6a and 6b must be completed with the agent's name and California address. Item 6c: If the agent is a California Registered Corporate Agent, a current agent registration certificate must be on file with the California Secretary of State and item 6c must be completed (leave item 6a-6b blank).

a. California Agent's First Name (if agent is not a corporation)	Middle Name	Last Name	Suffix
Walter	Troy	Collins	
b. Street Address (if agent is not a corporation) - Do not list a P.O. Box	City (no abbreviations)	State	Zip Code
7815 N. Palm Avenue, Suite 400	Fresno	CA	93711
c. California Registered Corporate Agent's Name (if agent is a corporation) - Do not complete item 6a or 6b			

7. Type of Business

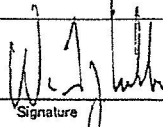
a. Describe the type of business or services of the Limited Liability Company
Pharmaceuticals

8. Chief Executive Officer, if elected or appointed

a. First Name	Middle Name	Last Name	Suffix
b. Address	City (no abbreviations)	State	Zip Code

9. The information contained herein, including any attachments, is true and correct.

6/23/16 Walter Troy Collins Agent for LLC
 Date Type or Print Name of Person Completing the Form Title

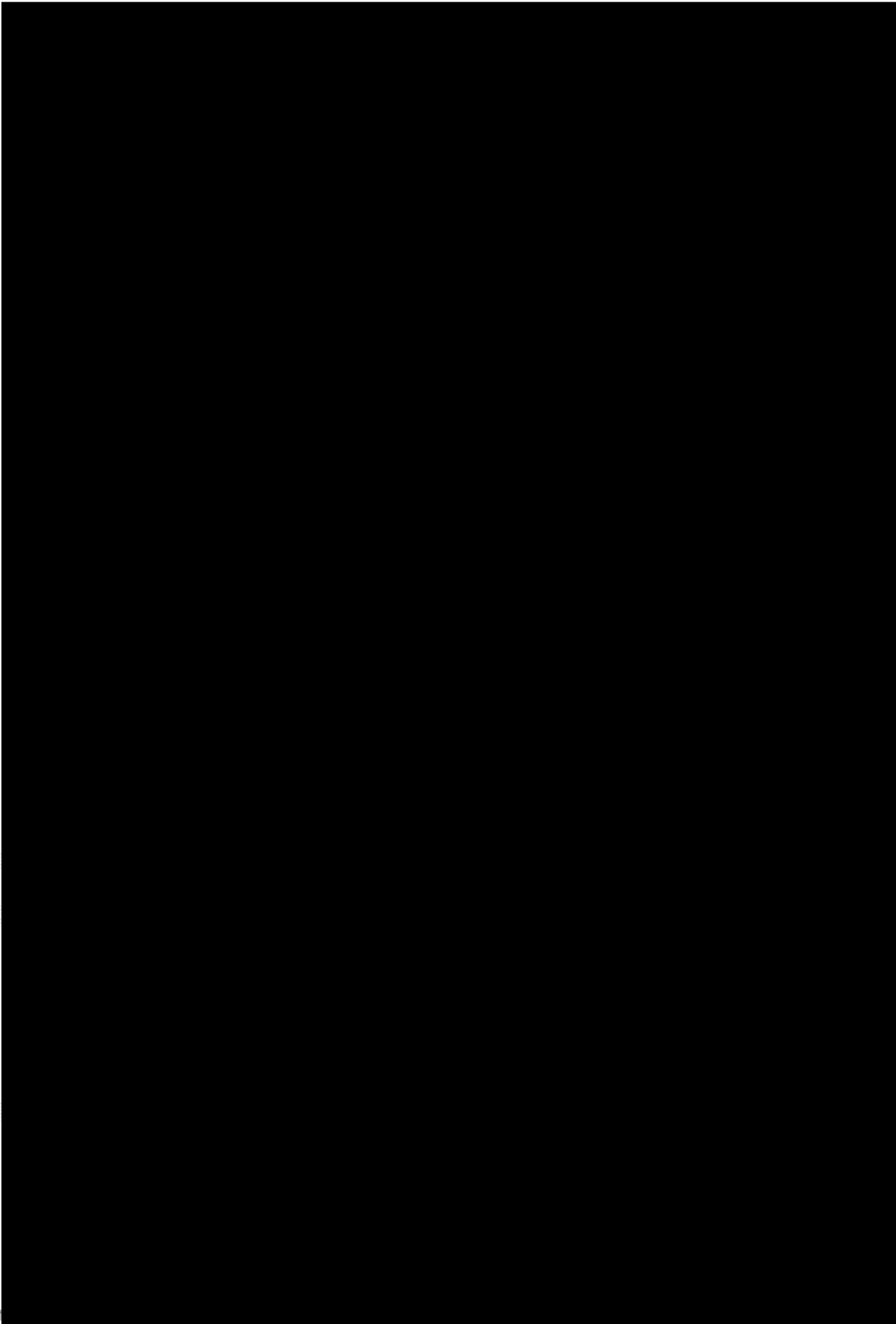


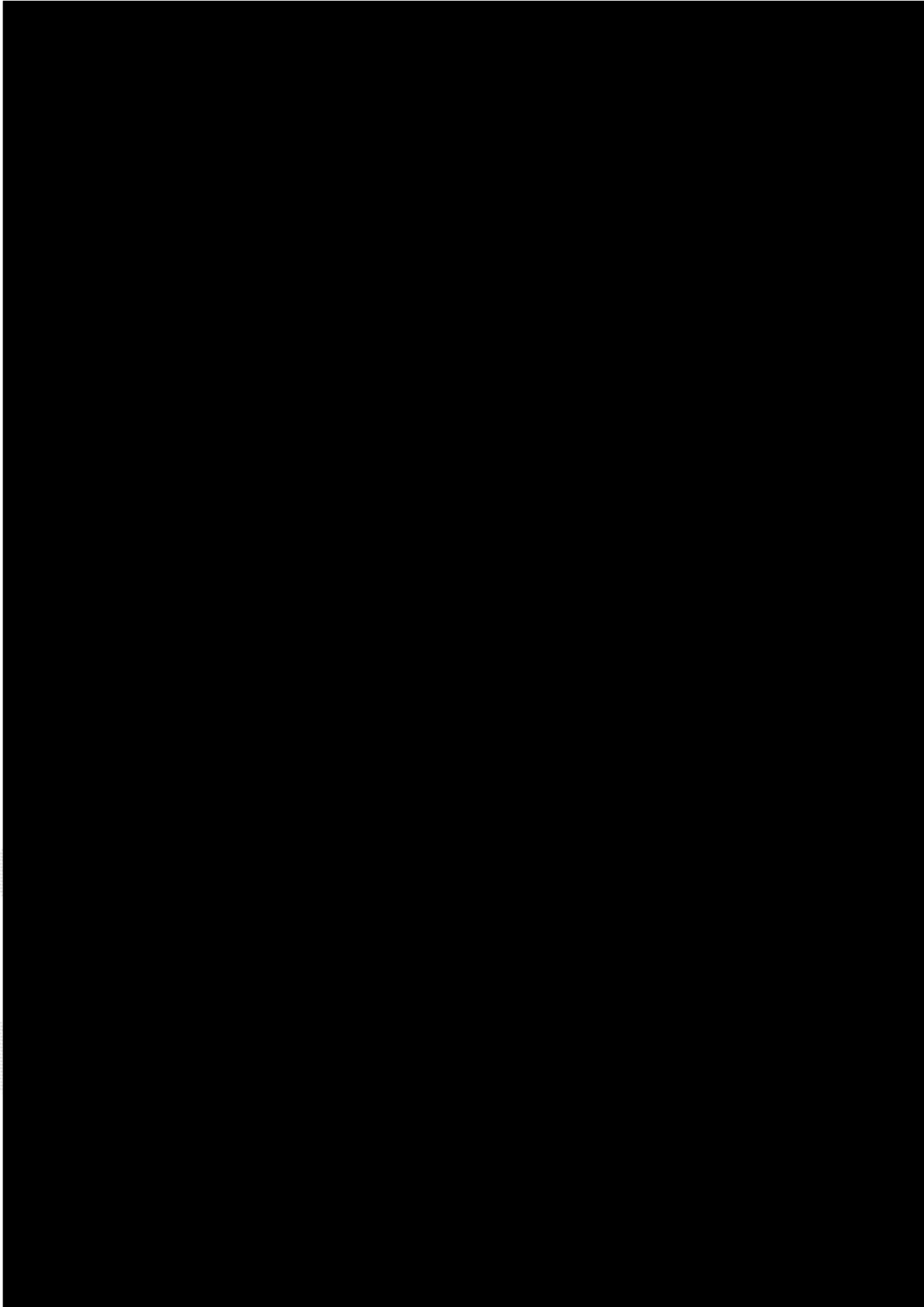
Return Address (Optional) (For communication from the Secretary of State related to this document, or if purchasing a copy of the filed document enter the name of a person or company and the mailing address. This information will become public when filed. SEE INSTRUCTIONS BEFORE COMPLETING.)

Name:	Walter Troy Collins
Company:	Integrated Pharmacy, LLC
Address:	7815 N. Palm Ave., Ste. 400
City/State/Zip:	Fresno, CA 93711

GTGalvin@mintz.com
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