

F14000001107

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

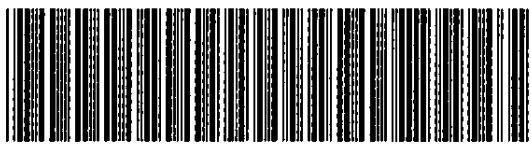
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



600256882706

03/06/14--01024--007 \*\*87.50

FILED  
14 MAR -6 PM 4:23  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

W14000015-212

MAR 13 2014

J. BRYAN

**COVER LETTER**

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** Llorens Pharmaceutical Corp.

Name of corporation - must include suffix

**FILED**  
14 MAR - 6 PM 4:23  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

**Jose C. Llorens**

Name of Person

**Llorens Pharmaceutical Corp.**

Firm/Company

**BMB 396 267 Calle Sierra Morena**

Address

**San Juan, Puerto Rico 00926-5583**

City/State and Zip code

**armando@furgang.com**

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

For further information concerning this matter, please call:

**Jose Llorens**

Name of Person

at ( **305** ) **542-6008**

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

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

Enclosed is a check for the following amount:

- \$70.00 Filing Fee
- \$78.75 Filing Fee & Certificate of Status
- \$78.75 Filing Fee & Certified Copy
- \$87.50 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

**FILED**  
14 MAR -6 PM 4:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

March 10, 2014

JOSE LLORENS  
BMB 396 267 CALLE RICO SIERRA MORENA  
SAN JUAN PUERTO RICO, 00926-5583

SUBJECT: LLORENS PHARMACEUTICAL CORP  
Ref. Number: W14000015212

We have received your document for LLORENS PHARMACEUTICAL CORP and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

A brief description of the entity's nature of business must be included in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Carol Mustain  
Regulatory Specialist II

Letter Number: 714A00005180

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

FILED  
14 MAR -6 PM 4:23  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

1. Llorens Pharmaceutical Corp.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Puerto Rico

(State or country under the law of which it is incorporated)

3.

66-0432610

(FEI number, if applicable)

4. October 8, 1986

(Date of incorporation)

5.

perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. March 7, 2014

(Date first transacted business in Florida, if prior to registration)

(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. BMB 396 267 Calle Sierra Morena, San Juan, PR 00926

(Principal office address)

Same

(Current mailing address)

8. Pharmaceutical distributor

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

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

Name: Jose C. Llorens

Office Address: 6832 NW 77th Court

Miami

(City)

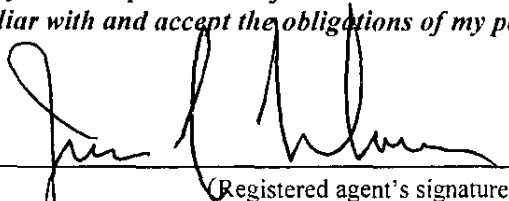
, Florida

33166

(Zip code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation 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.



(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

**A. DIRECTORS**

Chairman: Jose C. Llorens

Address: Neptuno F-6 Paseo de la Fuente  
San Juan, Puerto Rico 00926

Vice Chairman: Thusnelda Ruiz

Address: Neptuno F-6 Paseo de la Fuente  
San Juan, Puerto Rico 00926

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

President: Jose C. Llorens

Address: Neptuno F-6 Paseo de la Fuente  
San Juan, Puerto Rico 00926

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: \_\_\_\_\_

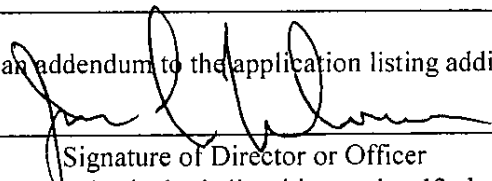
Address: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. \_\_\_\_\_



Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that 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.

14. JOSE LLORENS

(Typed or printed name and capacity of person signing application)

**FILED**  
14 MAR -6 PM 4:23  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA



Commonwealth of Puerto Rico  
**DEPARTMENT OF STATE**  
San Juan, Puerto Rico

## CERTIFICATE OF EXISTENCE

I, **DAVID E. BERNIER RIVERA**, Secretary of State of the Commonwealth of Puerto Rico,

**CERTIFY:** That, **LLORENS PHARMACEUTICAL, CORP.**, registry number **64467**, is a **domestic for profit corporation**, organized on **October 08, 1986**, in accordance to the General Corporations Law, as amended.

*This certification does not certify that this corporation has filed its annual reports, pursuant to the requirements of the General Corporations Law, as amended. If you need to know if such reports have been filed, you must request a Certificate of Good Standing.*



**IN WITNESS WHEREOF**, the undersigned by virtue of the authority vested by law, hereby issues this certificate and affixes the Great Seal of the Commonwealth of Puerto Rico, in the City of San Juan, Puerto Rico, today, **March 05, 2014**.

**DAVID E. BERNIER RIVERA**  
Secretary of State

---

To validate this certificate go to: <http://www.estado.gobierno.pr>

This certificate can be validated up to 5 times before its expiration date of 01-Sep-2014.

Certificate Validation Number: **66089-95621894**