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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

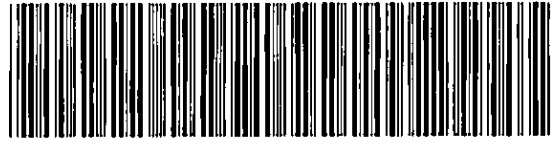
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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licenselogix.

Streamlined Business Licensing

February 20, 2020

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

Re: **MCKN Pharma Inc**
Foreign Qualification

To Whom It May Concern:

Enclosed please find a **Foreign Qualification Application** for our client, **MCKN Pharma Inc**. Once the application has been processed, please forward evidence of approval to the mailing address on the application. If there is any issue, or if you require any further information, please do not hesitate to contact us.

Thank you.

LicenseLogix
140 Grand Street, Suite 300
White Plains, NY 10601
service@licenselogix.com
(800) 292-0909

2020 FEB 24 PM 3:31

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MCKN Pharma Inc

Name of corporation - must include suffix

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:

Owen Clifford

	Name of Person	
LicenseLogix, LLC		
	Firm/Company	
140 Grand St., Suite 300		292
	Address	FL
White Plains, NY 10601		24
	City/State and Zip code	FM 3:31
MHartman@LicenseLogix.com		3:31
	E-mail address: (to be used for future annual report notification)	31

For further information concerning this matter, please call:

Owen Clifford on behalf of LicenseLogix, LLC	at	800-292-0909 EXT 323
Name of Person		Area Code Daytime Telephone Number

STREET/COURIER ADDRESS:
 Registration Section
 Division of Corporations
 The Centre of Tallahassee
 2415 N. Monroe Street, Suite 810
 Tallahassee, FL 32303

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

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- \$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

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.

1. MCKN Pharma Inc
(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. New Jersey 3. 47 - 4032684
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 05/15/2015 5.
(Date of incorporation) (Date of duration, if other than perpetual)

6. Upon Filing
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 4 Corporate Drive, Cranbury, NJ 08512
(Principal office street address)

(Current mailing address, if different)

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

Name: Registered Agent Solutions, Inc.

Office Address: 155 Office Plaza Dr. STE A.

Tallahassee, Florida 32301
(City) (Zip code)

9. 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.

[Handwritten signature]

on behalf of Registered Agent Solutions, Inc.

(Registered agent's signature)

10. 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.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

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A. DIRECTORS

Chairman Name: Hemang Patel
 Vice Chairman Address: _____
 Director 338 Beach ave, Staten Island, NY 10306
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Chairman Name: Sanjay Shah
 Vice Chairman Address: _____
 Director _____
 President 403 Jay Court, Franklin Lakes, NJ 07417
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____


Chairman Name: John Pozarowski
 Vice Chairman Address: 60 Hawthorne Ave.
Holmdel, NJ 07733
 Director _____
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Chairman Name: _____
 Vice Chairman Address: _____
 Director _____
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Chairman Name: _____
 Vice Chairman Address: _____
 Director _____
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Chairman Name: _____
 Vice Chairman Address: _____
 Director _____
 President _____
 Vice President _____
 Secretary Treasurer
 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.

12.  _____
 Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 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.

13. Hemang Patel
HEMANG _____
 (Typed or printed name and capacity of person signing application)

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STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
SHORT FORM STANDING

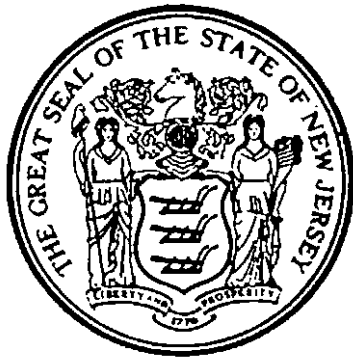
MCKN PHARMA INC
0400748973

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic For-Profit Corporation was registered by this office on May 15, 2015.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

HEMANG PATEL
4 CORPORATE DRIVE
UNIT D
CRANBURY, NJ 08512



IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed
my Official Seal at Trenton, this
29th day of January, 2020

Elizabeth Maher Muoio
State Treasurer

Certificate Number : 6104507617

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/ISP/Verify_Cert.jsp

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