

F23000001334

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

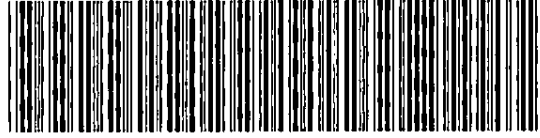
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

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S. ROBERTS
MAR - 8 2023

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. Pharm-RX Chemical Corporation
(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. 22-3093740
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 02/01/1991 5.
(Date of incorporation) (Date of duration, if other than perpetual)

6. 01/01/2023
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 299 Market Street, Suite 410 Saddlebrook, NJ 07663
(Principal office street address)

299 Market Street, Suite 410 Saddlebrook, NJ 07663
(Current mailing address, if different)

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

Name: Mark Bostel

Office Address: 1425 Westbrook Dr

Sarasota, Florida 34241
(City) (Zip code)

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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.

Mark Bostel

(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]:

A. DIRECTORS

Chairman Name: Mark Bostel
 Vice Chairman Address: 1425 Westbrook Dr
 Director Sarasota, FL 34231
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

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

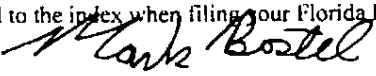
Chairman Name: _____
 Vice Chairman Address: _____
 Director _____
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

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

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

**STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
LONG FORM STANDING WITH CHARTER DOCUMENTS**

PHARM-RX CHEMICAL CORPORATION
0100474310

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 February 01, 1991.

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:

MARK BOSTEL
299 MARKET STREET
SUITE 410
SADDLE BROOK, NJ 07663

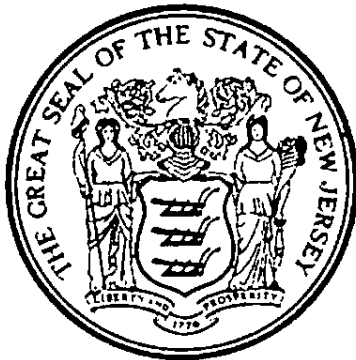
I further certify that as of the date of this certificate, the following amendments and changes are on file in this office:

AMENDMENT	08/14/1991
REVOKED FOR FAILURE TO PAY ANNUAL REPORTS	07/31/1994
CHANGE OF REGISTERED OFFICE	08/22/1997
REINSTATED (ANNUAL REPORTS)	10/23/1997
CHANGE OF REGISTERED OFFICE	08/09/2000
CHANGE OF AGENT AND OFFICE	10/26/2001
CHANGE OF REGISTERED OFFICE	03/01/2006
CHANGE OF AGENT AND OFFICE	11/30/2009
CHANGE OF REGISTERED OFFICE	02/15/2013
CHANGE OF REGISTERED OFFICE	01/29/2019
Annual Report Filing with address change	01/29/2019
Annual Report Filing with address change	01/27/2020

**STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
LONG FORM STANDING WITH CHARTER DOCUMENTS**

**PHARM-RX CHEMICAL CORPORATION
0100474310**

<i>Annual Report filing with officer/member change</i>	<i>12/01/2020</i>
<i>Annual Report filing with officer/member change</i>	<i>01/20/2022</i>
CHANGE OF AGENT AND OFFICE	<i>01/18/2023</i>
<i>Annual Report filing with officer/member change</i>	<i>01/18/2023</i>



*IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed
my Official Seal at Trenton, this
24th day of January, 2023*

Elizabeth Maher Muoio

*Elizabeth Maher Muoio
State Treasurer*

Certificate Number : 6139599873

Verify this certificate online at

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