

M 15000004703

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

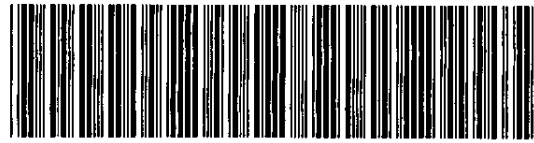
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

6-16/15

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Symplmed Pharmaceuticals, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Stephen P. Ewald, Esq.

Name of Person

Symplmed Pharmaceuticals, LLC

Firm/Company

5375 Medpace Way

Address

Cincinnati, OH 45227

City/State and Zip Code

ewald@symplmed.com

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

Stephen P. Ewald

513

579-9911 x2055

at ()

Name of Contact Person

Area Code

Daytime Telephone Number

MAILING ADDRESS:

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

STREET ADDRESS:

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

Enclosed is a check for the following amount:

- \$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status \$155.00 Filing Fee & Certified Copy \$160.00 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Symplmed Pharmaceuticals, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Delaware (Jurisdiction under the law of which foreign limited liability company is organized)
3. 37-1733497 (FEI number, if applicable)

4. No business transacted yet.
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 5375 Medpace Way
Cincinnati, OH 45227
(Street Address of Principal Office)

6. 5375 Medpace Way
Cincinnati, OH 45227
(Mailing Address)

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

Name: August J. Troendle
Office Address: 1492 Corona Lane
Vero Beach, Florida 32963
(City) (Zip code)

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.

[Signature]
(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Erik Emerson, President / Same as prin.
Stephen P. Ewald, Chief Legal Officer and Corporate Secretary / Same as prin.
August J. Troendle, Chairman of the Board of Managers

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

[Signature]
Signature of an authorized person

(In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any 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.)

Stephen P. Ewald
Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

Delaware

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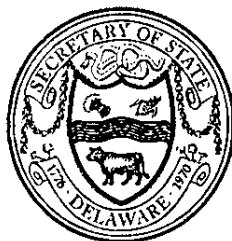
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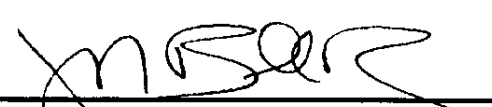
I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SYMPLMED PHARMACEUTICALS, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE EIGHTH DAY OF JUNE, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

5304003 8300

150890480




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 2443836

DATE: 06-08-15

Symplmed Pharmaceuticals LLC
5375 Medpace Way
Cincinnati, Ohio 45227
888-552-9769



Office of the General Counsel

June 9, 2015

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

Re: Qualification of Foreign LLC

To whom it may concern,

Enclosed please find the following documents in connection with the registration of Symplmed Pharmaceuticals, LLC ("Company") as a foreign LLC in Florida:

Cover Letter

Application

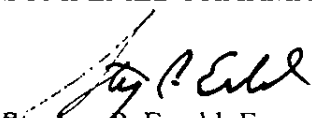
Certificate of Good Standing from the State of Delaware

Check for Filing Fee of \$125.00

If you have any questions, please do not hesitate to contact me at 513-579-9911 x2055 or by email at ewald@symplmed.com.

Sincerely,

SYMPLMED PHARMACEUTICALS, LLC


Stephen P. Ewald, Esq.
Chief Legal Officer and Corporate Secretary

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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