Q16000000044

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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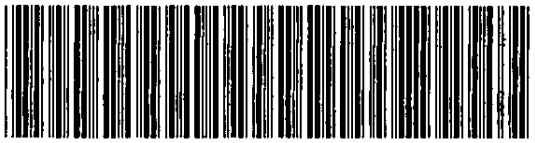

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 03 2016

MASON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Custopharm, Inc.
(Name of Alien Business Organization)

Dear Sir or Madam:

The enclosed Designation of Registered Agent and Registered Office for Alien Business Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jennifer Schneider
(Name of Person)

State License Servicing
(Firm/Company)

1751 State Route 17A, Suite 3
(Address)

Florida, NY 10921
(City/State and Zip Code)

For further information concerning this matter, please call:

Jennifer Schneider at (845) 544-2482
(Name of Person) (Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

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

Enclosed is a check for the following amount:

☑ $35.00 Filing Fee

☐ $43.75 Filing Fee & Certified Copy

DESIGNATION OF REGISTERED AGENT AND REGISTERED OFFICE FOR ALIEN BUSINESS ORGANIZATION

PURSUANT TO SECTION 607.0505, FLORIDA STATUTES, THE UNDERSIGNED ALIEN BUSINESS ORGANIZATION SUBMITS THE FOLLOWING STATEMENT IN ORDER TO DESIGNATE ITS REGISTERED AGENT AND REGISTERED OFFICE IN THE STATE OF FLORIDA:

1. Custopharm Inc.
(Name of alien business organization)

2. Texas
(State or country under which entity is organized)

3. 20-3076310
(FEI Number, if applicable)

4. 2325 Camino Vida Roble, Carlsbad, CA 92011
(Principal office address)

5. Name and Florida Street address of registered agent.

InCorp Services, Inc.

17888 67th Court North

Loxahatchee, FL 33470

6. The street address of the registered office and the street address of the business office of the registered agent are identical.

7. _____
(Signature of chairman, vice chairman, or officer)

8. Jennifer Schneider, Attorney-in-Fact on behalf of William Larkins Jr. of Custopharm, Inc.
(Name and capacity of person signing in number 7 above)

9. Signature of registered agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of section 607.0505, Florida Statutes.

Kathy Shin on behalf of InCorp Services, Inc. 05/18/2016
(Registered agent accepting appointment) (Date)

THE FILING OF THIS ALIEN BUSINESS ORGANIZATION FORM WITH THE FLORIDA DEPARTMENT OF STATE DOES NOT AUTHORIZE THE ABOVE REFERENCED ENTITY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

FILING FEE $35

Make checks payable to Florida Department of State and mail to:
Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

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TALLAHASSEE, FLORIDA

INHS24 (08/05)

LIMITED POWER OF ATTORNEY

BE IT KNOWN, that William Larkins, Jr. of Custopharm, Inc with principal offices at 2325 Camino Vida Roble, Carlsbad, CA, 92011, in the capacity of CEO, has made and appointed, and by these presents does make and appoint Jennifer Schneider of State License Servicing Inc., 1751 State Rte. 17A, Suite 3, Florida, NY 10921, true and lawful attorney-in-fact for her and in her name, place and stead, for the following specific and limited purposes only:

Application, servicing and renewals of all state licenses, permits, business licenses, foreign qualifications, and drug and device product registrations required for Custopharm, Inc **to operate as a manufacturer and/or wholesale distributor in all states, as required. This Power of Attorney specifically precludes and limits State License Servicing Inc.'s power and authority from receiving, answering or defending any complaint or disciplinary action against** Custopharm, Inc **by any state or federal authority**, but giving and granting said attorney, full power and authority to do and perform all and every act and thing whatsoever necessary to be done in and about the specific and limited premises (set out herein) as fully, to all intents and purposes, as might or could be done if I were personally present, with full power of substitution and revocation, hereby ratifying and confirming all that said attorney shall lawfully do or cause to be done by virtue hereof. This Power of Attorney ☐ *does* ☒ ***does not*** name State License Servicing LLC as Representative Agent in Puerto Rico on behalf of Custopharm, Inc to act in the capacity of representative agent as defined by Puerto Rico law. State License Servicing will act as a liaison only in Puerto Rico, at no time will have possession of any drugs, and will file and process paperwork only.

IN WITNESS WHEREOF, I have hereunto set my hand and seal

this 20 day of MAY, 2016.

State of _____)
County of _____)

The foregoing instrument subscribed and sworn to before me this _____ day of _____, 20____ by _____ who is personally known by me or who has produced _____ as identification

(SEAL)

_____
Notary Public
State of
My Commission Expires

Date: May 24, 2016

_____
Accepted: Jennifer Schneider, Attorney-in-Fact

as attached Jsm

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TALLAHASSEE, FLORIDA

Jurat

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California,
County of [illegible]

Subscribed and sworn to (or affirmed) before me on this 20 day of Nov, 2016, by [illegible], proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

WITNESS my hand and official seal.

Signature of Notary [illegible]

BARBARA A. WHITMER
COMM. #2104206
Notary Public · California
San Diego County
My Comm. Expires Apr. 18, 2019

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TALLAHASSEE, FLORIDA