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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850) 617-6383

From:
Account Name : MYLLC.COM, INC.
Account Number : I20130000077
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

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**Foreign Limited Liability Company
Sigma Pharmaceuticals, LLC**

Certificate of Status	0
Certified Copy	1
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16 MAR 29 AM 8:20
2016 MAR 29 PM 2:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR 30 2016
J. HARRIS

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Sigma 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:

Amber Ragland

Name of Person

InCorp Services, Inc.

Firm/Company

3773 Howard Hughes Pkwy - Suite 500s

Address

Las Vegas, NV 89169-6014

City/State and Zip Code

documents@incorp.com

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

For further information concerning this matter, please call:

Amber Ragland for InCorp Services, Inc. at **800** **246-2677**
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

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**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. Sigma 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. Iowa

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 20-2007131-001

(FBI number, if applicable)

4. Upon Registration

(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 955 236th St NE Ste 1

North Liberty, IA 52317

(Street Address of Principal Office)

6. 955 236th St NE Ste 1

North Liberty, IA 52317

(Mailing Address)

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

Name:

InCorp Services, Inc.

Office Address:

17888 67th Court North

Loxahatchee

(City)

Florida 33470

(Zip code)

Registered agent's acceptance:

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



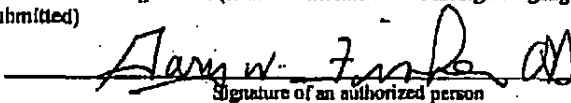
Amber Ragland on behalf of InCorp Services, Inc.

(Registered agent's signature)

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

Gary W. Fisher, O.D. Manager - 108 W First St., Monticello, IA 52310

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 of an authorized person

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

Gary W. Fisher, O.D.

Typed or printed name of signee

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 16 MAR 29 AM 8:19

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3/22/2016

09:59:03 a.m. 03-29-2016

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Certificate of Standing

IOWA SECRETARY OF STATE

PAUL D. PATE



CERTIFICATE OF EXISTENCE

Date: 3/22/2016

Name: SIGMA PHARMACEUTICALS, LLC (489DLC - 304241)

Date of Incorporation: 1/1/2005

Duration: PERPETUAL

I, Paul D. Pate, Secretary of State of the State of Iowa, custodian of the records of incorporations, certify the following for the limited liability company named on this certificate:

- a. The entity is in existence and duly incorporated under the laws of Iowa.
- b. All fees, taxes and penalties required under the Revised Uniform Limited Liability Company Act and other laws due the Secretary of State have been paid.
- c. The most recent biennial report required has been filed with the Secretary of State.
- d. The Secretary of State has not administratively dissolved the limited liability company.
- e. The Secretary of State has not filed either a statement of dissolution or statement of termination.

Certificate ID: CS119137

To validate certificates visit:

sos.iowa.gov/ValidateCertificate

A handwritten signature of Paul D. Pate in black ink.

Paul D. Pate, Iowa Secretary of State

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