

BIO 000000004

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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JAN 12 2010

EXAMINER



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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION

Not Listed  
609-548418

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** GLAXO SMITHKLINE CONSUMETZ HEALTHCARE, L.P.  
Name of Foreign Limited Partnership or Limited Liability Limited Partnership

The enclosed application, certificate of status and fees are submitted to register a foreign limited partnership or limited liability limited partnership to transact business in Florida. Please return all correspondence concerning this matter to:

JOSEPH GEMBALA  
Contact Person

GLAXO SMITHKLINE CONSUMETZ HEALTHCARE, L.P.  
Firm/Company

1000 GSK DRIVE  
Address

MOON TOWNSHIP, PA 15108  
City, State and Zip Code

JOSEPH. W. GEMBALA @ GSK.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOSEPH GEMBALA at ( 412 ) 200-3254  
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$1,000.00 Filing Fees ( \$965 Filing Fee and \$35 Registered Agent Fee )  
☐ \$1,008.75 Filing Fees and Certificate of Status  
☐ \$1,052.50 Filing Fees and Certified Copy  
☐ \$1,061.25 Filing Fee, Certified Copy, and Certificate of Status

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

**APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR  
LIMITED LIABILITY LIMITED PARTNERSHIP  
TO TRANSACT BUSINESS IN FLORIDA**

1. GlaxoSmithKline Consumer Healthcare, L.P.  
(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix)  
*Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.*  
*Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.*


\_\_\_\_\_  
If name unavailable, name under which the limited partnership or limited liability limited partnership proposes to register to transact business in Florida; must contain acceptable suffix.

2. State of Delaware 3. September, 4th, 1992  
State or Country of Formation Date of Formation

4. Stephen Triay  
Name of Registered Agent for Service of Process

5. 1919 Medinah Lane  
Florida street address for Registered Agent  
Green Cove, FL 32043

6. *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 of Registered Agent

7. 1919 Medinah Lane  
Principal office address  
Green Cove, FL 32043

8. If limited partnership is a limited liability limited partnership, check box ☐

9. GlaxoSmithKline L.P.  
(Mailing address)

1000 GSK Drive, Moon Township, PA 15108

10. Name, principal office address, and mailing address of each general partner:

<u>Name</u>	<u>Street Address</u>
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<u>Mailing Address</u>
------------------------

<u>GlaxoSmithKline LLC</u>
<u>Name</u>

<u>One Franklin Plaza</u>
<u>Street Address</u>
<u>200 North 16th Street</u>

<u>Philadelphia, PA 19102</u>
<u>Mailing Address</u>

<u>Name</u>
-------------

<u>Street Address</u>
-----------------------

<u>Mailing Address</u>
------------------------

<u>Name</u>
-------------

<u>Street Address</u>
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<u>Mailing Address</u>
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_____ Name	_____ Street Address
	_____ Mailing Address
_____ Name	_____ Street Address
	_____ Mailing Address

11. Effective date, if other than the date of filing:\_\_\_\_\_.

*(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)*

12. Attached is a certificate of existence duly authenticated, not more than 90 days prior to the delivery of this application to the Florida Department of State, by the Secretary of State or other official having custody of the entity's records in the jurisdiction under the law of which it is organized.

Signed this 15th day of December, 20 09.

Signature of a general partner:

Joseph W Gembala

<b>Filing Fees:</b>	<b>\$1,000.00</b> (\$965 Filing Fee and \$35 Registered Agent Fee)
<b>Certified Copy (optional):</b>	<b>\$ 52.50</b>
<b>Certificate of Status (optional):</b>	<b>\$ 8.75</b>

# Delaware

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## *The First State*

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "GLAXOSMITHKLINE CONSUMER HEALTHCARE, L.P." 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 FOURTEENTH DAY OF DECEMBER, A.D. 2009.

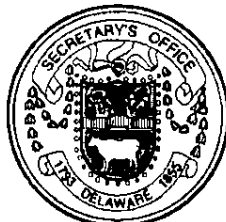
AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GLAXOSMITHKLINE CONSUMER HEALTHCARE, L.P." WAS FORMED ON THE FOURTH DAY OF SEPTEMBER, A.D. 1992.

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

2308674 8300

091095068

You may verify this certificate online  
at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)



  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 7695538

DATE: 12-14-09