

B11000000249

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

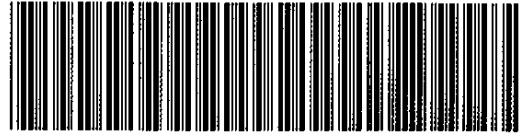
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 DEC 14 AM 9:59

FILED

C. LEWIS

Dec 15, 2011

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 4, 2011

WILLIAM CHARLES DIXON, GENERAL COUNSEL
PROSOLUS PHARMACEUTICALS LP
1608 WALNUT STREET, 16TH FLOOR
PHILADELPHIA, PA 19103

SUBJECT: PROSOLUS PHARMACEUTICALS LP
Ref. Number: W11000051136

We have received your document for PROSOLUS PHARMACEUTICALS LP and your check(s) totaling \$1000.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Every corporation, limited partnership, general partnership, limited liability company or trust listed as a general partner of a limited partnership, general partnership, or registered limited liability limited partnership must have an active registration/filing on file with this office before this filing can be completed. We are enclosing the appropriate instructions and/or forms for your convenience.

If you have any further questions concerning your document, please call (850) 245-6047.

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 211A00022817

Sheila Roberts

215-893-1501

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ProSolus Pharmaceuticals LP

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:

William Charles Dixon, General Counsel

Contact Person

ProSolus Pharmaceuticals LP

Firm/Company

1608 Walnut Street, 16th floor

Address

Philadelphia, Pennsylvania 19103

City, State and Zip Code

bdixon@prosolutuspharma.com

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

For further information concerning this matter, please call:

William Charles Dixon

Name of Contact Person

at (215) 893-1501

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|---|
| <input checked="" type="checkbox"/> \$1,000.00 Filing Fees
(\$965 Filing Fee and
\$35 Registered Agent
Fee) | <input type="checkbox"/> \$1,008.75 Filing Fees
and Certificate of
Status | <input type="checkbox"/> \$1,052.50 Filing Fees
and Certified Copy | <input type="checkbox"/> \$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

FILED
2011 DEC 14 AM 9:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. ProSolut Pharmaceuticals LP

(Name of Limited Partnership or Limited Liability Limited Partnership, which must include LP)
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. Pennsylvania

State or Country of Formation

3. October 20, 2010

Date of Formation

4. Name of Registered Agent for Service of Process and Florida Street Address:

C T Corporation System

1200 South Pine Island Road, c/o C T Corporation System

Plantation, FL, 33324

5. 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

Ann J. Williams, Assistant Vice President

7. Principle Office: (Florida Street Address)

6701 N.W. 7th Street, Suite 165

Miami, Florida 33126

8. Mailing Address:

6701 N.W. 7th Street, Suite 165

Miami, Florida 33126

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

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

511000004960

Name of General Partner: ProSolut Pharmaceuticals Corporation

Name of General Partner: _____

Street Address: 1608 Walnut Street, 16th floor

Street Address: _____

Philadelphia, Pennsylvania 19103

Mailing Address: 1608 Walnut Street, 16th floor

Mailing Address: _____

Philadelphia, Pennsylvania 19103

Name of General Partner: _____

Name of General Partner: _____

Street Address: _____

Street Address: _____

Mailing Address: _____

Mailing Address: _____

Name of General Partner: _____ Name of General Partner: _____

Street Address: _____ Street Address: _____

Mailing 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 6th day of September, 20 11


Signature of a general partner

The individual signing this document affirm that the facts stated herein are true and the individual 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.

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

Page 2 of 2

FILED
2011 DEC 14 AM 9:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE**

SEPTEMBER 27, 2011

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

ProSolus Pharmaceuticals LP

is duly registered as a Pennsylvania Limited Partnership under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT, This Subsistence Certificate shall not imply that all fees, taxes, and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written.

A handwritten signature in cursive script, appearing to read "Carol Aichele".

Secretary of the Commonwealth