

CT

F02000000019

CORPORATION(S) NAME

VCO Incorporated

FILED
02 JAN -2 PM 1:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA☒ Profit☐ Amendment☐ Merger☐ Nonprofit☐ Dissolution/Withdrawal☐ Mark☒ Foreign☐ Reinstatement☐ Limited Partnership☐ Annual Report☐ Other☐ LLC☐ Name Registration☐ Change of RA☐ Fictitious Name☐ UCC☐ Certified Copy☐ Photocopies☐ CUS☐ Call When Ready☐ Call If Problem☐ After 4:30☒ Walk In☐ Will Wait☒ Pick Up☐ Mail Out

Name

1/2/02

Order#: 4996993

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Ref#: *****70.00 *****70.00

Amount: \$ _____

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: VCO Incorporated

(Name of corporation - must include suffix)

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TALLAHASSEE, FLORIDA

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

CT Corporation System
1515 Market Street
Philadelphia, PA 19102

Please return all correspondence concerning this matter to the following:

(Name of Person)

(Firm/Company)

(Address)

(City/State and Zip code)

For further information concerning this matter, please call:

BRIGID BENNER

(Name of Person)

at (215) 563 - 7397

(Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

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TALLAHASSEE, FLORIDA

1. VCO Incorporated
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. Delaware 3. 23-3095472
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 10/01/2001 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. UPON QUALIFICATION
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 405 Eagleview Boulevard, Exton, PA 19341
(Principal office address)
- same
(Current mailing address)
- Promoting and detailing pharmaceutical products.
8. _____
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box **NOT** acceptable)

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(City) (Zip code)

10. 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.

CT Corporation System
BY: Korri A. Behler KORRI A. BEHLER
(Registered agent's signature) Special Assistant Secretary

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

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

SEE ATTACHMENT

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Vincent Milano

Address: 405 Eagleview Boulevard

Exton, PA 19341

Director: Thomas Doyle

Address: 405 Eagleview Boulevard

Exton, PA 19341

B. OFFICERS

SEE ATTACHMENT

President: Michel de Rosen

Address: 405 Eagleview Boulevard

Exton, PA 19341

Vice President: _____

Address: _____

Secretary: Thomas Doyle

Address: 405 Eagleview Boulevard Exton, PA 19341

Treasurer: Vincent Milano

Address: 405 Eagleview Boulevard Exton, PA 19341

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. _____

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Michel de Rosen

(Typed or printed name and capacity of person signing application)

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TALLAHASSEE, FLORIDA

Officers & Directors

1. Full Name: Vincent Milano
Officer/Director: Officer, Director
Officer's Title: Treasurer
Director's Title: Other Director
Business Address: 405 Eagleview Boulevard
City: Exton
State: PA
ZIP Code: 19341
2. Full Name: Thomas Doyle
Officer/Director: Officer, Director
Officer's Title: Secretary
Director's Title: Other Director
Business Address: 405 Eagleview Boulevard
City: Exton
State: PA
ZIP Code: 19341
3. Full Name: Michel de Rosen
Officer/Director: Officer, Director
Officer's Title: President
Director's Title: Other Director
Business Address: 405 Eagleview Boulevard
City: Exton
State: PA
ZIP Code: 19341

02 JAN -2 1994
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

State of Delaware
Office of the Secretary of State

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I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "VCO INCORPORATED" IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FIRST DAY OF DECEMBER, A.D. 2001.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Harriet Smith Windsor
Harriet Smith Windsor, Secretary of State

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AUTHENTICATION: 1523496

DATE: 12-21-01