F08000003656

Office Use Only



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08/01/08--01035--007 **87.50

cd. 8-20

COVER LETTER

| TO: New Filing Section Division of Corporations | | |
|---|--|-------------|
| SUBJECT: Quiq, IV | poration - must include suffix) | |
| (Nahne of corp | poration - must include suffix) | |
| Dear Sir or Madam: | | |
| The enclosed "Application by Foreign Corporatio "Certificate of Existence," and check are submitte transact business in Florida. | | |
| Please return all correspondence concerning this n | matter to the following: | |
| Suzann | ie Grace | |
| (Nai | DE GROSS ame of Person) | |
| Qua | ├ | |
| (Fire | rm/Company) | |
| 460 | Norristaun Road S (Address) Bell Pa 19422 | unte 202 |
| Blue | Bell Pa 19422 | |
| (City/S | State and Zip code) | |
| For further information concerning this matter, ple Syzume GRoss at ((Name of Person) (A) | lease call: 6(0) 8 28 - 7 > 21 ext 20 Area Code & Daytime Telephone Number) | 3 |
| STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 | MAILING ADDRESS: New Filing 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 & \$87.50 Filing For Certified Copy Certified Copy Certified Copy | Status & |



August 18, 2008

Carolyn Lewis Regulatory Specialist II Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Dear Ms. Lewis:

Enclosed please find a corrected copy of our Certificate of Good Standing from Pennsylvania as well as the application which is signed by Robert Blyskal, Chairman of the Board and Mark Frankel, Secretary of the Company. The Federal Employer Identification Number is also now contained in the application.

If you need any additional information, please do not hesitate to contact me.

Very truly yours,

Suzanne H. Gross

Ayun & Brown



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 1, 2008

SUZANNE GROSS / QUIG, INC. 460 NORRISTOWN RD., STE. 202 BLUE BELL, PA 19422

SUBJECT: QUIG, INC.

Ref. Number: W08000036399

We have received your document for QUIG, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

Please list the Federal Employer Identification number in the appropriate section of the application. If applied for, enter "applied for", or if not applicable, enter "N/A".

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Carolyn Lewis Regulatory Specialist II

Contracting of the con-

Letter Number: 608A00044255

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APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

| | REIGN CORPORATION TO T | | | |) <i>TO</i> |
|---|--|--|--|---|---------------------------------------|
| 1. | Quia, Inc. | | | | |
| (Enter name of course," "Co.," "Co.," | orporation; must include "INCO orp," "Inc," "Co," or "Corp.") | RPORATED," "(| COMPANY," "CORPO | RATION," | |
| | Oug Meds able in Florida, enter alternate co | 9£ E | Torida | | |
| | | | | | lorida) |
| 2. State or country | laware under the law of which it is inco | 3 | 26 -195 (FEI number | 53787 er, if applicable) | |
| 4(Date | of incorporation) | 5 | veration: Year corp. will | cease to exist or "perp | ctual'') |
| 6. N | A | ν. | | | , |
| | | | orida, if prior to registrati F.S., to determine penalt | | |
| 290 | | | | | la da le |
| 7. <u> </u> | West Upa (Princip (Curren | pal office address | 1 BINA | - Tert Le | 101 53 309 |
| 460 | Dincipus | Roud | Suit 200 | Bur Bo | 1 6 6 7 |
| <u></u> | (Curren | t mailing address | | | 11 M M422 |
| 8 | Wholesaler | 0F P | harmaceul | heals | · · · · · · · · · · · · · · · · · · · |
| (Purpose(s) | of corporation authorized in ho | me state or countr | y to be carried out in stat | te of Florida) | 20 |
| 9. Name and stree | address of Florida registered | agent: (P.O. Be | ox NOT acceptable) | TEG | |
| Name: | CT Corporation Sys | tem | _ | #22 | 2008 AUG 19 |
| Office Address: | 1200 S. Pine Island | d Road | _ | RY OF SSEE. | 9 PH |
| | Plantation | | _, Florida 33324 | TE ST | <u>ئ</u> 🗇 |
| | (City) | | (Zip code) | | ب ا |
| 10. Registered ag | | | | D | |
| designated in this d further agree to co | d as registered agent and to application, I hereby accept to mply with the provisions of a with and accept the obligation. | the appointment all statutes relati | as registered agent an ve to the proper and c | nd agree to act in thi complete performanc | s capacity. I |
| , "(|) | 3,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | |
| | Nodny | lul | | donna Cuddihy Assistant Secre | |
| | (Registered agent | 's signature) | | - | |

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: | FILED |
|--|----------------------|
| A. DIRECTORS | 2000 AUG 19 PM 3: 44 |
| Chairman: Kubert Blyskal | SEURETARY OF STATE |
| Address: 7000 Isknow Blud Apt 1804 | TALLAHASSEE, FLORIDA |
| - Aventra, Fl 33160 | |
| Vice Chairman: Len Jacob | |
| Address: | <u>-</u> |
| | |
| Director: Mark Frankel | |
| · · · · · · · · · · · · · · · · · · · | |
| Lower Gwynedd Pa 19602 | |
| Director: Mel Sten | |
| Address: 250 mc Clure Drive | |
| Blue Bell Pa 19422 | |
| B. OFFICERS | |
| President: Mel Stein | |
| Address: (Sange as above) | |
| | |
| Vice President: NA | • |
| Address: | |
| | |
| Secretary: Mark Frankel | |
| Address: (Same as above) | · |
| Treasurer: Mark Frankel | |
| Address: (Sume as above) | |
| · | |

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

re of Director or Officer listed in number 12 of the application)

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

<u>Addendum</u>

12. A. Other Directors:

Walter Witoshkin 351 Covered Bridge Rd. New Hope, Pa.18938

Jim Judd 911 Laburnum Ln Wyncote, Pa. 19095

Larry Kessel 4114 Hain Drive Lafayette Hill, Pa 19444

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF STATE

AUGUST 11, 2008

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

QUIQ, INC.

is duly qualified to do business under the laws of the Commonwealth of Pennsylvania and remains a subsisting corporation so far as the records of this office show, as of the date herein.



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.

Secretary of the Commonwealth