F09000001925

(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:	





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04/29/09--01007--011 **4670.00

ECRETARY OF STATE

11)09-20407

COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: PROCHES DIR	LECT INC.
	ration - must include suffix)
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation "Certificate of Existence," and check are submitted transact business in Florida.	for Authorization to Transact Business in Florida," to register the above referenced for the state of the following:
Please return all correspondence concerning this m	
BILL PRENDERG	
	ne of Person)
PROCARS DIRECT	- (NC
(Firm	n/Company)
7300 Techno	logy Drve Syste C
(2	rudi ess)
West Melbourne,	FL 32904
	ate and Zip code)
For further information concerning this matter, plea	ase call:
Elevoe Nagai	4 337-1779
Ekine Ngai at (514) 337-1779 (Name of Person) (Area Code & Daytime Telephone Number)	
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 Fee, Certified Copy Certificate of Status & Certified Copy



To Whom It May Concern:

I am resubmitting our application with a correction to the name. There is to be no alternate name just Procaps Direct Inc. I spoke with someone at the Division of Corporations who informed me that I could resubmit this form with that correction.

Thank you,

Bill Prendergast

Procaps Direct Inc

7300 Technology Dr Suite C

West Melbourne, FL. 32904

321-409-8875



April 30, 2009

BILL PRENDERGAST PROCAPS DIRECT, INC. 7300 TECHNOLOGY DRIVE, SUITE C WEST MELBOURNE, FL 32904

SUBJECT: PROCAPS DIRECT, INC. Ref. Number: W09000020407

We have received your document for PROCAPS DIRECT, INC. and your check(s) totaling \$4670.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

If you have any questions concerning the filing of your document, please call (850) 245-6879.

Ruby Dunlap Regulatory Specialist II

Letter Number: 909A00014639

PLEASE NOTE: You have included an alternate name in your document that is not allowed under corporate law. If you want to do business in Florida under a different name other than the one you incorporated under, you will need to file a fictitious name application. You can find this form on our website at www.sunbiz.org.



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 13, 2009

BILL PRENDERGAST PROCAPS DIRECT, INC. 7300 TECHNOLOGY DRIVE, SUITE C WEST MELBOURNE, FL 32904

SUBJECT: PROCAPS DIRECT, INC.

Ref. Number: W09000020407

We have received your document for PROCAPS DIRECT, INC. and your check(s) totaling \$4670.00. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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) 245-6913.

Diane Cushing
Document Specialist Supervisor

Letter Number: 109A00016303

Division of Comparations D.O. DOV 6297 Wellshames Florida 2021



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. PROCAPS DIRECT, INC.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.") (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Horida) State or country under the law of which it is incorporated)

3. NOVEMBER (Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) Sale distribution sales of corporation authorized in home state or country to be carried out 9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Office Address:

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.

(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: ,

A. DIRECTORS Chairman: Address: Vice Chairman: Address: Director: Address: Director: Address: **B. OFFICERS** President: Address: CHIEF FINANCIAL OFFICER Vice President: Address: ST-LAURENT, QC Secretary: Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Director or Officer listed in number 12 of the application) 14. _____ (Typed or printed name and capacity of person signing application)

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "PROCAPS DIRECT, INC." 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-SEVENTH DAY OF

MAY, A.D. 2009.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PROCAPS

DIRECT, INC." WAS INCORPORATED ON THE FOURTH DAY OF AUGUST, A.D.

2005.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

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

2009 NAY 29 A IO: 51
SECRETARY OF STATE
TAIL AND ASSESSED FOR THE

4010284 8300

090536940

AUTHENTY CATION: 7325928

DATE: 05-27-09

You may verify this certificate online at corp.delaware.gov/authver.shtml