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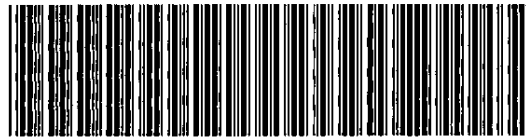
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 SEP 14 PM 4:41

APPROVED
AND
FILED

JH

PEDINOL PHARMACAL, INC.

30 Banfi Plaza North, Farmingdale, NY 11735 Phone: (631) 293-9500 / 1-800-PEDINOL Fax: (631) 293-7359 www.pedinol.com

To: New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Subject: PEDINOL PHARMACAL INC.

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.

Please return all correspondence concerning this matter to the following:

Diane Lange
(Name of Person)

Pedinol Pharmacal Inc.
(Firm/Company)

30 Banfi Plaza
(Address)
Farmingdale, NY 11735

(City, State and Zip Code)

For further information concerning this matter, please call:

Diane Lange at (631-293-9500
(Area code & Daytime Telephone Number)

\$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





FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 31, 2010

DIANE LANGE
30 BANFI PLAZA
FARMINGDALE, NY 11735

SUBJECT: PEDINOL PHARMACAL, INC.
Ref. Number: W10000041156

We have received your document for PEDINOL PHARMACAL, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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

The name and title of the person signing the document must be noted beneath or opposite the signature.

Please return the corrected original and one copy of 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) 245-6962.

Valerie Herring
Regulatory Specialist II
New Filing Section

Letter Number: 610A00020898

**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.

1. Pedinol Pharmacal, 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 Florida)

2. New York 3. N/A
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 12/04/1970 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. Unknown
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 30 Banfi Plaza North, Farmingdale, NY 11735
(Principal office address)

Same as above
(Current mailing address)

8. Wholesale Distribution of Podiatry & Dermatology Pharmaceuticals
(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 NOT acceptable)

Name: Incorp Services, Inc.

Office Address: 17888 67th Court North

Loxahatchee, Florida 33470
(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.

[Signature]
(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.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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AND
FILED

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AND
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A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

CEO ~~C~~ President: Gary Strauss

Address: 17 Delaware Avenue

Jericho, NY 11753

Pres: ~~C~~ Vice President: Richard Strauss

Address: 20 Pine Drive

Woodbury, NY 11797

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

13. _____

(Signature of Director or Officer listed in number 12 of the application)

14. Gary Strauss, Chief Executive Officer

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**State of New York
Department of State**

} ss:

APPROVED
AND
FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I hereby certify, that the Certificate of Incorporation of PEDINOL PHARMACAL, INC. was filed on 12/04/1970, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.

*WITNESS my hand and the official seal
of the Department of State at the City of
Albany, this 28th day of July two
thousand and ten.*

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