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Florida Department of State
Division of Corporations
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FOREIGN PROFIT/NONPROFIT CORPORATION
SORKIN'S RX LTD. *INC.*

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

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April 18, 2011

FLORIDA DEPARTMENT OF STATE
Division of Corporations

VCORP SERVICES LLC

SUBJECT: SORKIN'S RX LTD.
REF: W11000021497

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

If you have any further questions concerning your document, please call (850) 245-6929.

Justin M Shivers
Regulatory Specialist II
New Filing Section

FAX Aud. #: H11000099796
Letter Number: 511A00009283

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. BORKIN'S RX LTD., 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. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 6/16/1984 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

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

7. 1981 Marcus Avenue, Suite 225, New Hyde Park, NY 11042
(Principal office address)

1981 Marcus Avenue, Suite 225, New Hyde Park, NY 11042
(Current mailing address)

8. Pharmacy
(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: Vcorp Services, LLC
Office Address: 7200 W Camino Real, Suite 102
Boca Raton, Florida 33433
(City) (Zip code)

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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.

Isaac Mullen, Manager
(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: MUHAMMAD TYEYB

Address: 1981 Marcus Avenue, Suite 225, New Hyde Park, NY 11042

Vice Chairman: MUHAMMAD TYEYB

Address: 1981 Marcus Avenue, Suite 225, New Hyde Park, NY 11042

Director: MUHAMMAD TYEYB

Address: 1981 Marcus Avenue, Suite 225, New Hyde Park, NY 11042

Director: _____

Address: _____

B. OFFICERS

President: MUHAMMAD TYEYB

Address: 1981 Marcus Avenue, Suite 225, New Hyde Park, NY 11042

Vice President: MUHAMMAD TYEYB

Address: 1981 Marcus Avenue, Suite 225, New Hyde Park, NY 11042

Secretary: MUHAMMAD TYEYB

Address: 1981 Marcus Avenue, Suite 225, New Hyde Park, NY 11042

Treasurer: MUHAMMAD TYEYB

Address: 1981 Marcus Avenue, Suite 225, New Hyde Park, NY 11042

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

13. _____

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she 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.

14. _____

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

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State of New York } SS:
Department of State

I hereby certify, that the Certificate of Incorporation of SORKIN'S RX LTD. was filed on 06/16/1964, under the name of 333 LONG BEACH ROAD, INC., 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. I further certify the following:

- A certificate changing name to SORKIN'S RX LTD. was filed on 08/12/1964.
- A Biennial Statement was filed 04/07/1995.
- A Biennial Statement was filed 06/20/1996.
- A Biennial Statement was filed 06/11/1998.
- A Biennial Statement was filed 06/02/2000.
- A Biennial Statement was filed 06/26/2002.
- A Biennial Statement was filed 07/02/2004.
- A Biennial Statement was filed 06/06/2006.
- A Certificate of Amendment was filed on 02/17/2010.
- A Biennial Statement was filed 04/14/2011.

I further certify, that no other documents have been filed by such Corporation.



Witness my hand and the official seal of the Department of State at the City of Albany, this 14th day of April two thousand and eleven.

Daniel Shapiro
First Deputy Secretary of State

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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