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PICK-UP WAIT MAIL

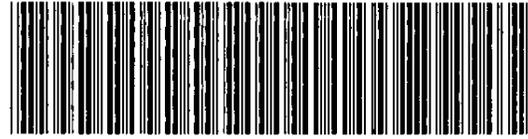
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

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J. Shivers APR 29 2011

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: 7 Oaks Pharmaceutical Corp.
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" 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:

Daniel Stanley
Name of Person

7 Oaks Pharmaceutical Corp.
Firm/Company

161 Harry Stanley Drive
Address

Easley SC 29640
City/State and Zip code

dtstanley@7oakspharma.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Daniel Stanley at (864) 444-4094
Name of Person Area Code & Daytime Telephone Number

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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 & 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.

1. 7 Oaks Pharmaceutical Corp.
(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. South Carolina 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. Oct. 27, 1997 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

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

7. 161 Harry Stanley Drive, Easley, SC 29640
(Principal office address)

PO Box 280, Pickens, SC 29671
(Current mailing address)

8. Ship our prescription drug to Wholesalers for distribution into pharmacies
(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: NRAI Services, Inc.
Office Address: 515 East Park Avenue
Tallahassee, Florida 32301
(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.

NRAI Services, Inc.

Amy Purdy, Assistant Secretary

By: Amy Purdy
(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: Dr. R. Thomas Stanley, Sr

Address: 136 Upward Way
Easley, SC 29642

Vice Chairman: Daniel Stanley

Address: 105 Sorrel Sky Lane
Liberty, SC 29657

Director: Jonathan Stanley

Address: 120 Buckhill Way
Easley, SC 29642

Director: James Negron

Address: 109 Upward Way
Easley, SC 29642

B. OFFICERS

President: Dr. John West

Address: 402 Brown Avenue
Belton, SC 29627

Vice President: Tommy Stanley, Jr.

Address: 169 Harry Stanley Drive
Easley, SC 29640

Secretary: Daniel Stanley

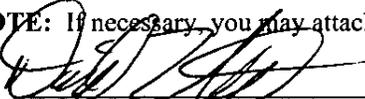
Address: 105 Sorrel Sky Lane, Liberty SC 29657

Treasurer: Daniel Stanley

Address: 105 Sorrel Sky Lane, Liberty SC 29657

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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. Daniel Stanley, VP of Operations

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

The State of South Carolina



Office of Secretary of State Mark Hammond

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Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:

7 OAKS PHARMACEUTICAL CORP.,
a corporation duly organized under the laws of the State of South Carolina on October 27th, 1997, and having a perpetual duration unless otherwise indicated below, has as of the date hereof filed all reports due this office, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the Corporation that it is subject to being dissolved by administrative action pursuant to section 33-14-210 of the South Carolina Code, and that the corporation has not filed articles of dissolution as of the date hereof.

Given under my Hand and the Great
Seal of the State of South Carolina this
29th day of March, 2011.


Mark Hammond, Secretary of State