

F12000000155

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

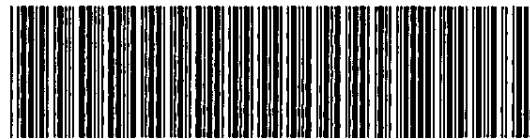
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800214888228

01/12/12--01008--002 **3215.00

12/08/11--01027--001 **70.00

41-61723

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12 JAN 11 PM 3:59

FILED

RECEIVED JAN 12 2012

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Medisca Inc.

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:

Mélanie Côté

Name of Person

Medisca Inc.

Firm/Company

6090 Henri-Bourassa West

Address

St-Laurent, Quebec, Canada H4R 3A6

City/State and Zip code

mcote@medisca.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mélanie Côté

Name of Person

at (514) 333-7811 x1276

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 &
Certified Copy

☐ \$87.50 Filing Fee,
Certificate of Status &
Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 9, 2011

MELANIE COTE
6090 HENRI-BOURASSA WEST
ST-LAURENT QUEBEC CANADA, XX HRR 3-A6 XX

SUBJECT: MEDISCA INC.
Ref. Number: W11000061723

We have received your document for MEDISCA 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):

According to the application submitted to this office, this entity transacted business in the state of Florida before properly registering with the Florida Department of State, Division of Corporations. Consequently, a \$500 civil penalty and an annual report filing fee for each year the entity failed to properly file a Florida annual report are due this office. Based on the date entered on the application, the civil penalty and annual report filing fees total \$3,215.00.

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) 245-6928.

Tim Burch
Regulatory Specialist II

Letter Number: 111A00027551

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. Medisca 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

(State or country under the law of which it is incorporated)

3. 14-1752583

(FEI number, if applicable)

4. 06/24/1992

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. 10/07/1994

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

7. 661 Route 3, Unit C, Plattsburgh, NY, 12901

(Principal office address)

same as above

(Current mailing address)

8. Distributor of Active Pharmaceutical Ingredients (APIs), non-APIs & devices

(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: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation

(City)

, Florida

33324

(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.

By: C T Corporation System

(Registered agent's signature)

Juan Grajeda
Assistant Secretary

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.

FILED
12 JAN 11 PM 3:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Antonio Dos Santos

Address: 6090 Henri-Bourassa Ouest

Saint-Laurent, QC, Canada H4R 3A6

Vice President: Sam Zaccardo

Address: 6090 Henri-Bourassa Ouest

Saint-Laurent, QC, Canada H4R 3A6

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

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. Antonio Dos Santos

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

FILED
12 JAN 11 PM 3:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Corporate Officer

State of New York
Department of State } ss:

I hereby certify, that the Certificate of Incorporation of MEDISCA INC. was filed on 06/24/1992, 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.



FILED
12 JAN 11 PM 3:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*WITNESS my hand and the official seal
of the Department of State at the City of
Albany, this 15th day of November two
thousand and eleven.*

First Deputy Secretary of State