

F13000000266

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

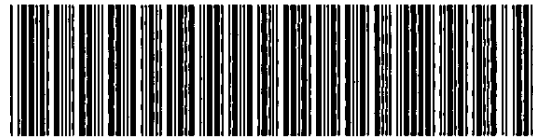
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12/31/12--01045--004 **78.75

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13 JAN 17 PM 4:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W3-42

T. Durkin JAN 18 2013

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Creekwood Pharmaceutical, 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:

Adam Runsdorf

Name of Person

Creekwood Pharmaceutical, Inc.

Firm/Company

951 Clint Moore Road, Suite A

Address

Boca Raton, FL 33487

City/State and Zip code

arunsdorf@wdsrx.com

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

For further information concerning this matter, please call:

Adam Runsdorf at (561) 998-3885

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:

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> \$70.00 Filing Fee | <input checked="" type="checkbox"/> \$78.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &
Certified Copy | <input type="checkbox"/> \$87.50 Filing Fee,
Certificate of Status &
Certified Copy |
|---|---|---|---|



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
13 JAN 17 AM 10:09

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

January 2, 2013

ADAM RUNSDORF
951 CLINT MOORE ROAD STE A
BOCA RATON, FL 33487

SUBJECT: CREEKWOOD PHARMACEUTICAL, INC.
Ref. Number: W13000000042

We have received your document for CREEKWOOD PHARMACEUTICAL, INC. and your check(s) totaling \$78.75. 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.

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) 245-6052.

Tim Burch
Regulatory Specialist II

Letter Number: 113A00000018

**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. Creekwood Pharmaceutical, Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

N/A

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Alabama

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

3. 20-3124491

(FEI number, if applicable)

4. 7/7/05

(Date of incorporation)

5. Perpetual

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

6. 8/1/12

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

7. 951 Clint Moore Road, Suite A, Boca Raton, FL 33487

(Principal office address)

(Same As Above)

(Current mailing address)

8. Any and Lawful Business

(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: Adam Runsdorf

Office Address: 951 Clint Moore Road, Suite A

Boca Raton, Florida 33487

(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.



(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.

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18 JAN 17 PM 4:05
TALLAHASSEE
SECRETARY OF STATE

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

A. DIRECTORS

Chairman: N/A

Address: _____

Vice Chairman: N/A

Address: _____

Director: N/A

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Adam Runsdorf

Address: 3152 Saint Annes Drive
Boca Raton, FL 33496

Vice President: N/A

Address: _____

Secretary: Adam Runsdorf

Address: 3152 Saint Annes Drive, Boca Raton, FL 33496

Treasurer: N/A

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. Adam Runsdorf, President

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

FILED
13 JAN 7 PM 4:05
SECRETARY'S OFFICE
TALLAHASSEE, FLORIDA

Beth Chapman
Secretary of State

P. O. Box 5616
Montgomery, AL 36103-5616

STATE OF ALABAMA

**I, Beth Chapman, Secretary of State of Alabama, having custody of the
Great and Principal Seal of said State, do hereby certify that**

the entity records on file in this office disclose that Creekwood Pharmaceutical,
Inc. was formed in Shelby County, Alabama on July 7, 2005. The Alabama Entity
Identification number for this entity is 242-371. I further certify that the records
do not disclose that said entity has been dissolved, cancelled or terminated.

FILED
13 JAN 17 PM 4:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



20130115000002430

In Testimony Whereof, I have hereunto set my
hand and affixed the Great Seal of the State, at the
Capitol, in the city of Montgomery, on this day.

1/15/2013

Date

Beth Chapman

Beth Chapman

Secretary of State