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DIVISION OF PARTORATION

9/3 013-48733

COVER LETTER

TO: New Filing Section	
Division of Corporations	
_{SUBJECT:} Trigen Laboratories, I	
Name of corpora	tion - must include suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation "Certificate of Existence," or "Certificate of Good above referenced foreign corporation to transact bu	
Please return all correspondence concerning this ma	atter to the following:
Miriam Rosario (Senior Director; Re	egulatory Affairs & Quality Assurance)
Name	e of Person
Trigen Laboratories, Inc.	
Firm/0	Company
2631 Causeway Center Drive	
A	ddress
Tampa, FL 33619	
	ite and Zip code
mrosario@trigenlab.com	
E-mail address: (to be us	sed for future annual report notification)
For further information concerning this matter, plea	ase call:
Mildred Echevarria at (732	2 、721-3415 x211
	rea 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 & ☐ \$87.50 Filing Fee, Certified Copy Certified Copy Certified Copy



2520 Gough Street San Francisco, CA 94123 855-771-2477

August 13, 2013

Mildred Echevarria 1110 Wrightswynde Court Wesley Chapel, FL 33543

Re: New Jersey Good Standing Certificate

Mildred:

Enclosed is a Standing Certificate issued by the New Jersey Department of Treasury on August 13, 2013, for Trigen Laboratories, Inc. A scanned copy of the certificate was emailed to mechevarria@trigenlab.com on August 13, 2013.

It has been our pleasure doing business with you. Let us know if we can be of further assistance.

Thanks for your business.

Steve Eckert
All Business Documents, Inc.
comServices@allBizDocs.com

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.

Not Appli	orp," "Inc," "Co," or "Corp.")			
		ame	adopted for the purpose of transacting busines	ss in Florida)
New Jers			20-1845148	•
	under the law of which it is incorporated)	_ 3.	(FEI number, if applicable)	
10/15/200	•	5	"Pernetual"	
(Date	of incorporation)	. J.	(Duration: Year corp. will cease to exist or	"perpetual")
06/18/20	10			
2400 Mair	Street Extension/Suite			
2400 Mair				
		add	ress)	iA10
2631 Caus	(Principal office Seway Center Drive/Tam (Current mailing	add pa add	ress) , FL 33619 ress)	DIVERSON OF THE COLUMN TO THE
2631 Caus	(Principal office Seway Center Drive/Tam (Current mailing	pa gadd ary	ress) , FL 33619	DIVERSION OF THE PROPERTY OF T
Wholesale of (Purpose(s	(Principal office seway Center Drive/Tam (Current mailing distribution of prescription dietal) of corporation authorized in home state of the corporation (Principal office) (Principal	pa pa add ary	ress) , FL 33619 ress) supplements, drugs, and medical suntry to be carried out in state of Florida)	13 SEP PH 5
Wholesale of (Purpose(s	(Principal office seway Center Drive/Tam (Current mailing distribution of prescription dietal) of corporation authorized in home state at address of Florida registered agent:	pa pa add ary	ress) , FL 33619 ress) supplements, drugs, and medical suntry to be carried out in state of Florida)	13 SEP CES PM 5: 15
Wholesale of (Purpose(s) Name and street Name:	(Principal office seway Center Drive/Tam (Current mailing distribution of prescription dietal) of corporation authorized in home state of the corporation (Principal office) (Principal	add pa add ary or co	ress) , FL 33619 ress) supplements, drugs, and medical puntry to be carried out in state of Florida) D. Box NOT acceptable)	13 SEP PH 5: 15
2631 Caus Wholesale of Purpose(s) Name and street	(Principal office seway Center Drive/Tam (Current mailing distribution of prescription dietal) of corporation authorized in home state taddress of Florida registered agent: Miriam Rosario	add pa add ary or co	ress) , FL 33619 ress) supplements, drugs, and medical puntry to be carried out in state of Florida) D. Box NOT acceptable)	13 SEP PH 5: 15

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.

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

A. DIRECTORS	
Chairman: Douglas Subers (Chief Financial Officer)	
Address: 1055 Frontage Road	
Toms River NJ 08753 / 732-721-0070 x-105	
Wiee Chairman: Miriam Rosario (Senior Director/Regulatory Affairs & Quality Assurance	е
Address: 2631 Causeway Center Drive	
Tampa FL 33619 / 732-721-3415 x-204	
Director: Christina Russell (Director of Operations)	
Address: 2631 Causeway Center Drive	
Tampa FL 33619 / 732-721-3415 x-205	
Director: Not Applicable.	
Address: Not Applicable.	
Not Applicable. な を	
B. OFFICERS	
President: David Purdy	
Address: 36 Scarlet Drive	
Freehold NJ 07728 / 732-721-0070 x-123	; +
Vice President: Steven Squashic	
Address: 2053 Dogwood Drive	
Scotch Plains NJ 07076 / 732-721-0070 x-121	
Secretary: Kevin Hudy	_
Address: 1301 Adams Street #503 / Hoboken NJ 07030 / 732-721-0070 x-122	
Treasurer: Kevin Hudy	
Address: 1301 Adams Street #503 / Hoboken NJ 07030 / 732-721-0070 x-122	
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.	
Not Applicable.	
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 constitute a third degree felony as provided for in s.817.155, F.S. David Purdy (President)	
(Typed or printed name and capacity of person signing application)	

STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY DIVISION OF REVENUE AND ENTERPRISE SERVICES SHORT FORM STANDING

TRIGEN LABORATORIES INC

0400070864

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Profit Corporation was registered by this office on October 14, 2004.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and registered office are:

Douglas Subers 1055 Frontage Road Toms River, NJ 08753

THE STATE OF THE S

Certification# 129253967

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 13th day of August, 2013

Andrew P Sidamon-Eristoff State Treasurer

Verify this certificate at https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp