F/4UUU2846

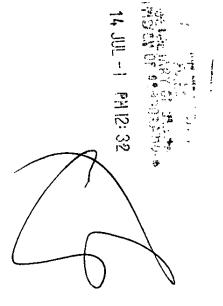
(Re	questor's Name)	<u>,, -, -, -</u> ,	
(Ad	dress)		
(Ad	dress)		
(City/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	_ Certificates	of Status	
Special Instructions to Filing Officer:			

Office Use Only



700261809797

07/01/14--01007--010 **78.75



COVER LETTER

r
TO: New Filing Section Division of Corporations
SUBJECT: NNE PHARMAPLAN, 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:
RANDY HEFNER
Name of Person
NNE PHARMAPLAN, INC.
Firm/Company
3005 CARRINGTON MILLS BLVD. STE 380
Address
MORRISVILLE, NC 27560-8885
City/State and Zip code
NPNA_ACCOUNTING@rinepharmaplan.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
RANDY HEFNER at (919) 763-1840 Name of Person Area Code & Daytime Telephone Number
Name of Person Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: MAILING ADDRESS:
STREET/COURIER ADDRESS: New Filing Section MAILING ADDRESS: New Filing Section
Division of Corporations Division of Corporations
Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, FL 32314
Tallahassee, FL 32301
Enclosed is a check for the following amount:
□ \$70.00 Filing Fee

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.	NNE PHARMAPLAN, INC	. ,
	(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")	
ĺ	(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
2.	NORTH CAROLINA 3: 56-2009773	
(State or country under the law of which it is incorporated) (FEI number, if applicable)	•
4	OCT 18, 1967 5. PERPETUAL	PH 12: 32
	(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")	چي
6.		,
	(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, P.S., to determine penalty liability)	
7.	NOT APPLICABLE	
	(Principal office address)	
	3005 CARRINGTON MILL BLUD, STE 380, MORRISUM & NC 2756	0-8885
	(Current mailing address)	
8	Engineering / Consulting for pharmaceutical and bioter (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) indust	ch nes.
9. 1	Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	
	Name: - CT Corporation System	
Off	ice Address: 1200 South Pine Island Road	
	Plantation, Florida 33324	
	(Clty) (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.

Maria T. Chambers Special Assistant Secretary

(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 MORTEN NIELSON Chairman: _____ 3005 CARRINGTON Mice Blub. STE 380 MORRISVIILE, NC 27560 Vice Chairman: ____ Address: _ BOB BROWN PETERSEN Director: _ 3005 CARRINGTON MILL Blub STE 380 Address: ___ **B. OFFICERS** BOB BROWN PETERSEN President: 3005 CARRINGTON MULL BLUD. STE 380 Address: Vice President: Address: ___ Secretary: __ Address: ADEFOGED Treasurer: LOOPS CARRINGTON Mius Blud, STE 280, Morrisville, NC27560 NOTE: If negestary, you may attach an addendum to the application listing additional officers and/or directors. 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. LADEFOGED DIRECTOR

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



NORTH CAROLINA Department of the Secretary of State

CERTIFICATE OF EXISTENCE

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify that

NNE PHARMAPLAN, INC.

is a corporation duly incorporated under the laws of the State of North Carolina. having been incorporated on the 18th day of October, 1967, with its period of duration being Perpetual.

I FURTHER certify that, as of the date set forth hereunder, the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Business Corporation Act; that its most recent annual report required by N.C.G.S. 55-16-22 has been delivered to the Secretary of State; and that the said corporation has not filed articles of dissolution as of the date of this certificate





IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 4th day of June, 2014.

6 laine I. Marshall

Secretary of State