

F1500000/545

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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[Handwritten signature]

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Unimark Remedies Limited

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:

Kathleen (Katie) Dougherty

Name of Person

Unimark Remedies Limited

Firm/Company

811 Nesbitt Road

Address

Maple Glen PA 19002

City/State and Zip code

katie@unimarkremedies.com

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

For further information concerning this matter, please call:

Kathleen (Katie) Dougherty

201

388-9180

at ()

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:

☐ \$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.*

Unimark Remedies Limited Corporation

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

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

2. _____ 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

01 December 1993

Perpetual

4. _____ 5. _____
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

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

Enterprise Centre, 1st Floor, Off Nehru Road, Vile Parle (East), Mumbai 400 099 INDIA

7. _____
(Principal office address)

Enterprise Centre, 1st Floor, Off Nehru Road, Vile Parle (East), Mumbai 400 099 INDIA

(Current mailing address)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: United States Corporation Agents Inc

13302 Winding Oaks Court, Suite A

Office Address:

Tampa

33612

(City)

, Florida

(Zip code)

9. 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)

10. 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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11. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: Mehul Parekh - Managing Director

Address: Enterprise Centre, 1st Floor, Off Nehru Road, Landmark Hotel Orchid, Vile Parle (East)

Mumbai 400 099 INDIA

Vice Chairman: Sandeep Parekh - Executive Director

Address: Enterprise Centre, 1st Floor, Off Nehru Road, Landmark Hotel Orchid, Vile Parle (East)

Mumbai 400 099 INDIA

Director: Yogesh Parikh - Executive Director

Address: Enterprise Centre, 1st Floor, Off Nehru Road, Landmark Hotel Orchid, Vile Parle (East)

Mumbai 400 099 INDIA

Director: Om Dutt Tyagi - Executive Director

Address: Enterprise Centre, 1st Floor, Off Nehru Road, Landmark Hotel Orchid, Vile Parle (East)

Mumbai 400 099 INDIA

B. OFFICERS

President: _____

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. _____

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.

13. Om Dutt Tyagi, Chief Operating Officer

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

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Addendum of Additional Directors of Unimark Remedies:

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Harmander Pal Singh Chawla

Enterprise Centre, 1st Floor Off. Nehru Road, Vile Parle (East), Mumbai - 400099,
Maharashtra INDIA

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Koppisetty Srinivas

Enterprise Centre, 1st Floor Off. Nehru Road, Vile Parle (East), Mumbai - 400099,
Maharashtra INDIA

Ranchodlal Keshavlal Shah


Enterprise Centre, 1st Floor Off. Nehru Road, Vile Parle (East), Mumbai - 400099,
Maharashtra INDIA

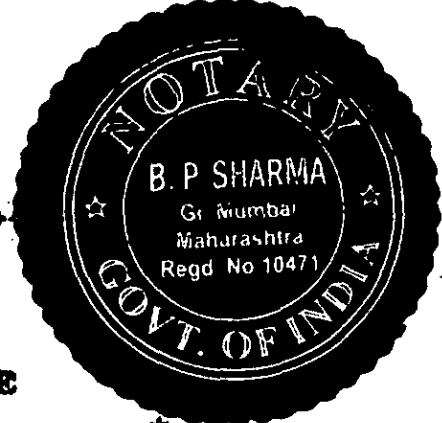
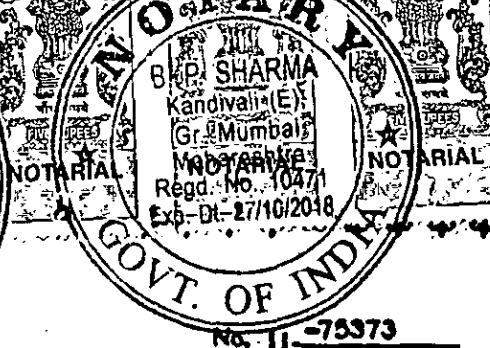
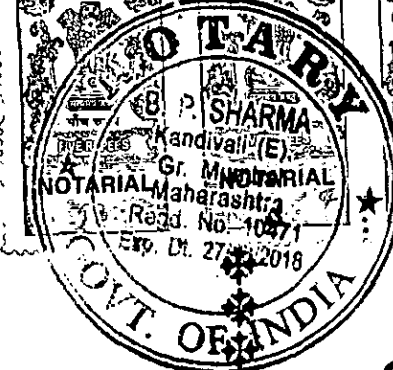
Fadi Khader Salim Nassar

Hikma Pharmaceuticals PLC

P.O. Box 182400

Amman 11118, Jordan


18/03/2015



**CERTIFICATE OF CHANGE OF NAME
UNDER THE COMPANIES ACT, 1956.**

In the matter of UNIMARK REMEDIES PRIVATE LIMITED

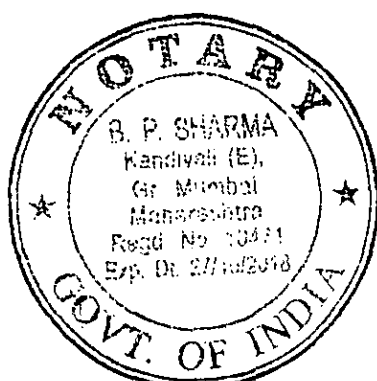
I do hereby certify that pursuant to the provisions of section 23 of Companies Act, 1956 and the Special Resolution passed by the Company at its Annual/Extra-Ordinary General Meeting on the 29TH MARCH, 1995

the name of "UNIMARK
REMEDIES PRIVATE LIMITED"
has this day been changed to "UNIMARK REMEDIES LIMITED"

And that the said company has been duly incorporated as a company under the provisions of the said Act.

Dated this THIRD day of MAY
One thousand nine hundred and ninetyXIX FIVE.

(G. SRINIVASAN)
Addl Registrar of Companies
Maharashtra, Bombay.

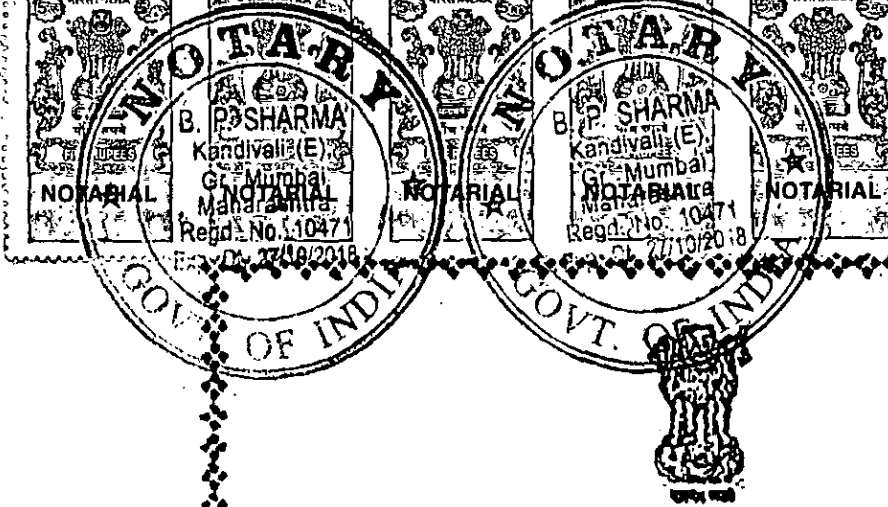


CERTIFIED TRUE COPY

B. P. SHARMA
NOTARY GOVT OF INDIA

25 MAR 2015

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TALLAHASSEE, FLORIDA



प्रमाण-पत्र
Form I. R.

निगमन का प्रमाण-पत्र

CERTIFICATE OF INCORPORATION

वि. नं. का दि.
No. 11-75372 of 1993

हैं एतद्विषय प्रमाणित करता हूँ कि आज

कम्पनी अधिनियम 1956 (1956 का 1) के अर्थात् निगमित की गई है और वह
कापसी निगमित है।

I hereby certify that UNIMARK REMEDIES PRIVATE LIMITED

is this day incorporated under the Companies Act, 1956 (No. 1 of 1956)
and that the Company is limited.

मेरे हस्ताक्षर से आज का को दिया गया।

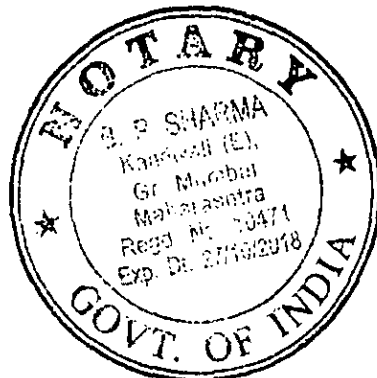
Given under my hand at BOMBAY this FIRST

day of DECEMBER, One thousand nine hundred and NINETEENTH

(S. R. V. V. SATYANARAYANA)

कापसी का रजिस्ट्रार

ADDL. Registrar of Companies
Maharashtra



CERTIFIED TRUE COPY

B. P. SHARMA

B. P. SHARMA
NOTARY GOVT OF INDIA

25 MAR 2015

13-408 Dt. 10/24/15

FORM 415

(See rule 43)

Tax Clearance certificate to be issued under Clause (a) of Sub- Section (8) of Section 32 the Maharashtra Value Added Tax Act, 2002

To ,

**M/S. UNIMARK REMEDIES LTD.
101, 1 st FLOOR,
ENTERPRISE CENTER,
OFF. NEHRU ROAD,
VILE PARLE (E),
MUMBAI - 400099.**

TIN 27350001647V

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TALLAHASSEE, FLORIDA

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Subject: - Tax Clearance certificate to be issued under Clause (a) of Sub- Section (8) of Section 32. of the Maharashtra Value Added Tax Act, 2002 .

This is to certify that -

Name of the dealer

M/S. UNIMARK REMEDIES LTD

R.C. No. under M.V.A.T. Act, 2002

27350001674V

Address of the place of business

**101, 1 st FLOOR,
ENTERPRISE CENTER,
OFF. NEHRU ROAD,
VILE PARLE (E),
MUMBAI - 400099.**

Details of tax dues

AS PER ATTACHED SHEET.

Sr. No.

Period

Amount of tax dues as per returns


**Amount of other
dues, if any**

Sr. No.	Period	Amount of tax dues as per returns	TAX PAID	Amount of other dues, if any
1	APRIL	-1369771	NIL	NIL
2	MAY	-310859	NIL	NIL
3	JUNE	7659166	7659166	NIL
4	JULY	835850	835850	NIL
5	AUGUST	4537681	4543740	-6059
6	SEPTEMBER	3811101	3820923	-4911
7	OCTOBER	-2254267	NIL	NIL
8	NOVEMBER	-1798522	NIL	NIL
9	DECEMBER	-2364997	NIL	NIL
10	JANUARY	-1458654	NIL	NIL
11	FEBRUARY	-1029895	NIL	NIL
12	MARCH	-800164	NIL	NIL

No dues, except those mentioned herein above are pending as on date of issue of this certificate.



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Dy. Commissioner of Sales Tax
(MUM-VAT-E-614), LTU - 2,
Mazgaon, Mumbai -10