

F 15000001888

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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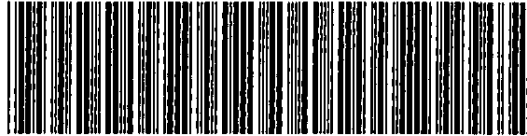
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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5/4/15

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Sunrise 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:

Jayanti Patel

Name of Person

Sunrise Pharmaceutical In

Firm/Company

665 East Lincoln Ave

Address

Rahway, NJ 07065

City/State and Zip code

Jpatel@sunrisepharma.com

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

For further information concerning this matter, please call:

Jayanti Patel

at (732) 382-6085 x101

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

SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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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.*

1. Sunrise Pharmaceutical 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 Jersey 3. 20-1492434
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 08/09/04 5. perpetual
(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)

7. 665 East Lincoln Ave, Rahway, NJ 07065
(Principal office address)
665 East Lincoln Ave, Rahway, NJ 07065
(Current mailing address)

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

Name: Ashish Soni
Office Address: 830 Truman Ave
Key West, Florida 33040
(City) (Zip code)

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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.

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

A. DIRECTORS

Chairman: See attached

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Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: See attached

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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. Jayanti Patel

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



Type of Ownership: Corporation
State of Incorporation: New Jersey
Address of Corporation: 665 East Lincoln Ave.,
Rahway, NJ 07065

Name of Principal Officers and Directors of Sunrise Pharmaceutical, Inc.:

Utpal Patel
Title: Chief Executive Officer
Home Address: 8 Williams Crest Park Ridge, NJ 07656

Jayanti Patel
Title: President
Home Address: 8 Williams Crest Park Ridge, NJ 07656

Deepak Bhalla
Title: Executive Vice President
Home Address: 30 River Court Apt # 1410 Jersey City, NJ 07310

Narshinh Desai
Title: Director
Home Address: 2 William Crest Park Ridge, NJ 07656

Dinesh Desai
Title: Director
Home Address: 2 William Crest Park Ridge, NJ 07656

Kanu Patel
Titel: Director
Home Address: 20854 Piney Meetinghouse Rd Potomac, MD 20854

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TALLAHASSEE, FLORIDA

**STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
LONG FORM STANDING WITH OFFICERS AND DIRECTORS**

SUNRISE PHARMACEUTICAL INC

0400065092

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 August 9, 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:

*Jayanti Patel
8 William Crest
Park Ridge , NJ 07656*

I further certify that the incorporator is:

*Mukesh Desai
40 Glynn Court
Parlin, NJ 08859*

I further certify that as of the date of this certificate, the following were listed as officers/directors of this business on the last Annual Report filed in this office on: December 8, 2014.

<i>Other</i>	<i>Kanu Patel 20854 Piney Meetinghouse Rd Potomac, NJ 20854</i>
<i>Other</i>	<i>Dinesh Desai 2 William Crest Park Ridge, NJ 07656</i>
<i>Other</i>	<i>Narshinh Desai 2 William Crest Park Ridge, NJ 07656</i>
<i>Other</i>	<i>Utpal Patel 8 William Crest Park Ridge, NJ 07656</i>

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SECRETARY OF STATE
TREASURY DIVISION
MILWAUKEE, WISCONSIN

**STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
LONG FORM STANDING WITH OFFICERS AND DIRECTORS**

SUNRISE PHARMACEUTICAL INC

0400065092

Other

*Jayanti Patel
8 William Crest
Park Ridge, NJ 07656*



*IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed my
Official Seal at Trenton, this
20th day of April, 2015*

*Andrew P Sidamon-Eristoff
Acting State Treasurer*

Certification# 135991693

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

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TALLAHASSEE, FLORIDA