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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 14 2015

S. YOUNG

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Pharmakon Pharmaceuticals, 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:

Elizabeth Prokopik

Name of Person

Pharmakon Pharmaceuticals, Inc.

Firm/Company

14450 Getz Rd

Address

Noblesville, Indiana 46060

City/State and Zip code

eprokopik@pharmakonrx.net

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

For further information concerning this matter, please call:

Elizabeth Prokopik at (317) 818-1059 ex. 3308

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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. **Pharmakon Pharmaceuticals, 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. **Indiana** 3. **26-2915049**

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

(FEI number, if applicable)

4. **July 2, 2008** 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. **14450 Getz Rd Noblesville Indiana 46060**

(Principal office address)

14450 Getz Rd, Noblesville, Indiana 46060

(Current mailing address)

8. **To provide FDA 503 (b) approved sterile repackaged medication to hospitals and surgery centers**

(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: **REGISTERED AGENTS INC.**

Office Address: **3030 N. Rocky Point Dr, STE 150A**

Tampa

(City)

, Florida **33607**

(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.



Bill Havre/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.

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DEPT OF STATE
TALLAHASSEE, FLORIDA

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: N/A

Address: _____

B. OFFICERS

President: Paul Elmer

Address: 14450 Getz RD

Noblesville, Indiana 46060

Vice President: _____

Address: _____

Secretary: Elizabeth Prokopik

Address: 14450 Getz Rd, Noblesville, Indiana 46060

Treasurer: _____

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. Paul Elmer

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

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SEP 11 PM 5:17
STATE OF INDIANA
CLERK OF SUPERIOR COURT
CLERK OF SUPERIOR COURT

**STATE OF INDIANA
OFFICE OF THE SECRETARY OF STATE
CERTIFICATE OF EXISTENCE**

To Whom These Presents Come, Greetings:

I, Connie Lawson, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records, and proper official to execute this certificate.

I further certify that records of this office disclose that

PHARMAKON PHARMACEUTICALS, INC.

duly filed the requisite documents to commence business activities under the laws of State of Indiana on July 02, 2008, and was in existence or authorized to transact business in the State of Indiana on August 27, 2015.

I further certify this For-Profit Domestic Corporation has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution or expiration has been filed or taken place.



In Witness Whereof, I have hereunto set my hand and affixed the seal of the State of Indiana, at the city of Indianapolis, this Twenty-Seventh Day of August, 2015.

Connie Lawson

Connie Lawson, Secretary of State

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15 SEP 11 PM 5:49
SECRETARY OF STATE
INDIANAPOLIS, INDIANA