

F5000005235

(Requestor's Name)

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(Business Entity Name)

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**CORPORATE
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- ☐ **CERTIFIED COPY** _____
- XX** **PHOTOCOPY** _____
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- XX** **FILING** Foreign Corp. _____

1. OWP Pharmaceuticals, Inc.
(CORPORATE NAME AND DOCUMENT #)

2. _____
(CORPORATE NAME AND DOCUMENT #)

3. _____
(CORPORATE NAME AND DOCUMENT #)

4. _____
(CORPORATE NAME AND DOCUMENT #)

5. _____
(CORPORATE NAME AND DOCUMENT #)

6. _____
(CORPORATE NAME AND DOCUMENT #)

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TALLAHASSEE, FLORIDA

SPECIAL INSTRUCTIONS:

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. OWP 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. Illinois

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

3. _____

(FEI number, if applicable)

4. 02/19/2014

(Date of incorporation)

5. perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. NO BUSINESS TRANSACTED YET

(Date first transacted business in Florida, if prior to registration)

(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 931 W Hawthorne Lane West Chicago, IL 60185

(Principal office address)

931 W Hawthorne Lane West Chicago, IL 60185

(Current mailing address)

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

Name: Legalinc Corporate Services Inc.

Office Address: 5237 Summerlin Commons Suite 400

Fort Myers, Florida 33907

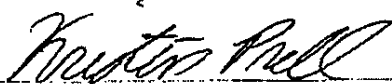
(City)

(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)

Kristin Prell, Manager

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: Scott Boyer
Address: 450 Cranesbill Drive
West Chicago, IL 60185

Director: Bruce Duncan
Address: 822 Farm Drive
West Chicago, IL 60185

Director: Ruth Boyer
Address: 450 Cranesbill Drive
West Chicago, IL 60185

Director: Judy Duncan
Address: 822 Farm Drive
West Chicago, IL 60185

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TALLAHASSEE, FLORIDA

B. OFFICERS

President: Scott Boyer
Address: 450 Cranesbill Drive
West Chicago, IL 60185

Vice President: _____
Address: _____

Secretary: Bruce Duncan
Address: 822 Farm Drive West Chicago, IL 60185

Treasurer: Bruce Duncan
Address: 822 Farm Drive West Chicago, IL 60185

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

12. Scott H. Boyer
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. Scott Boyer, President
(Typed or printed name and capacity of person signing application)

File Number

6924-676-1



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

OWP PHARMACEUTICALS, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON FEBRUARY 19, 2014, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



***In Testimony Whereof, I hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this 15TH
day of OCTOBER A.D. 2015 .***

Jesse White

SECRETARY OF STATE