

F15000005343

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

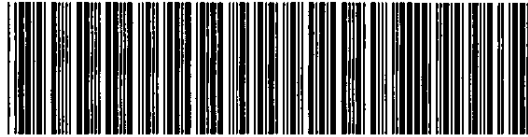
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500279381465

12/03/15--01026--014 **70.00

FILED
15 DEC -3 AM 11:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DEC 04 2015

J SHIVERS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PRIMAPHARMA, 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:

MARK T. LIVINGSTON

Name of Person

PRIMAPHARMA, INC.

Firm/Company

3443 TRIPP COURT

Address

SAN DIEGO, CA 92121

City/State and Zip code

MARK@PRIMAPHARMA.NET

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

For further information concerning this matter, please call:

MARK T LIVINGSTON at (858) 259-0969, ext 148
Name of Person Area Code Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration 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.

1. PRINCEPILIA, 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. CALIFORNIA 3. 47-2832566
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. January 26, 2015 5. _____
(Date of incorporation) (Date of duration, if other than 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. 3443 TRIPP COURT, CARL DIEHL, LA 92121
(Principal office address)

SAME
(Current mailing address, if different)

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

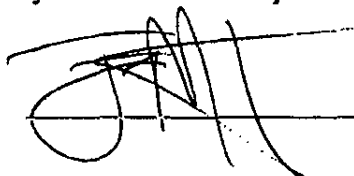
Name: BLANCKLEY KENNEDY CORPORATE SERVICES

Office Address: 155 OFFICE PLAZA DR, 1ST FLOOR

TALLAHASSEE, Florida 32301
(City) (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)

JOSE MOJICA, Ass't Sec'y.

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.

FILED
15 DEC -3 AM 11:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

State of California

Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

PRIMAPHARMA, INC.

FILE NUMBER: C3750040
FORMATION DATE: 01/26/2015
TYPE: DOMESTIC CORPORATION
JURISDICTION: CALIFORNIA
STATUS: ACTIVE (GOOD STANDING)

RECEIVED
15 DEC -3 AM 11:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, ALEX PADILLA, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of September 25, 2015.

ALEX PADILLA
Secretary of State

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

A. DIRECTORS

Chairman: HAMPAR KARAGEOZIAN

Address: 31103 RANCHO VIEJO ROAD NO. 2-249
SAN JUAN CAPISTRANO, CA 92675

Vice Chairman: N/A

Address: _____

Director: MARK T. LIVINGSTON

Address: 8070 LA JOLLA SHORES DR. #402
LA JOLLA, CA 92037

Director: ANTHONY J. DZIASO

Address: 21241 AVENIDA NUBES
LAKE FORREST, CA 92630

B. OFFICERS

President: MARK T. LIVINGSTON

Address: 8070 LA JOLLA SHORES DR #402
LA JOLLA, CA 92037

Vice President: ANTHONY J. DZIASO

Address: 21241 AVENIDA NUBES
LAKE FORREST, CA 92630

Secretary: ANTHONY J. DZIASO

Address: 21241 AVENIDA NUBES LAKE FORREST CA 92630

Treasurer: ANTHONY J. DZIASO

Address: 21241 AVENIDA NUBES LAKE FORREST, CA 92630

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

12. [Signature]
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 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. MARK T. LIVINGSTON, PRESIDENT
(Typed or printed name and capacity of person signing application)

FILED
15 DEC -3 AM 11:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA