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(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

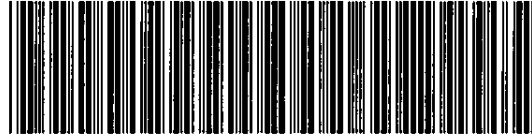
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2016 FEB - 1 P 5:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FEB 02 2016

S MASON

# Nephron SC, Inc.

January 29, 2016

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

RE: Certificate of Authority for Nephron SC, Inc.

Dear Sir/Madam:

Please find, enclosed, Nephron SC's Certificate of Authority application. A check in the amount of \$780.00 USD is included for the associated application fees.

The application for the Certificate of Authority is being submitted in response to a deficient application for an Out-of-State Drug Manufacturer license from Florida's DBPR. As you may be aware, the response time with DBPR is 30 days. We would certainly appreciate an expedited processing of this application/certificate, should it be available. We thank you in advance.

We have included pre-addressed, pre-paid Fed Ex envelope for the delivery of the Certificate of Authority. It is very important that the Certificate be returned in the supplied Fed Ex envelope, as timing and the point of delivery is crucial.

Should you have any questions regarding this application, its delivery, or otherwise, please feel free to contact me at the information listed below.

Sincerely,



Andrea Detweiler  
Regulatory Affairs Associate  
Nephron SC, Inc.  
e: [adetweiler@nephronpharm.com](mailto:adetweiler@nephronpharm.com)  
ph: 319.238.1743

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** NEPHRON SC, 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:

Barbara Lee

Name of Person

Nephron SC, Inc.

Firm/Company

c/o 3855 St. Valentine Way

Address

Orlando, FL 32811

City/State and Zip code

license@nephronpharm.com

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

For further information concerning this matter, please call:

Barbara Lee

800 443-4313  
at ( )

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. Nephron SC, Inc.  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
- N/A  
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. South Carolina, USA 3. 45-3731316  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. November 4, 2011 5. perpetual  
(Date of incorporation) (Date of duration, if other than perpetual)
6. N/A  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 4500 12th Street Ext., West Columbia, SC 29172  
(Principal office address)
- c/o 3855 St. Valentine Way, Orlando, FL 32811  
(Current mailing address, if different)

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

Name: InCorp Services, Inc.

Office Address: 17888 67th Court North

Loxahatchee, Florida 33470  
(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.*

Janice Null OBO InCorp Services, Inc.

(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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2018 FEB -1 P 5:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**A. DIRECTORS**

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: William Kennedy

Address: 3855 St. Valentine Way

Orlando, FL 32811

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

President: Lou Kennedy

Address: 3855 St. Valentine Way

Orlando, FL 32811

Vice President: Ashley Kennedy - Whitner AND Courtney Kennedy - McGowan

Address: 3855 St. Valentine Way AND 3855 St. Valentine Way

Orlando, FL 32811 AND Orlando, FL 32811

Secretary: Barbara Lee

Address: 3855 St. Valentine Way, Orlando, FL 32811

Treasurer: Barbara Lee

Address: 3855 St. Valentine Way, Orlando, FL 32811

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

12. Barbara Lee

Signature of Director or Officer

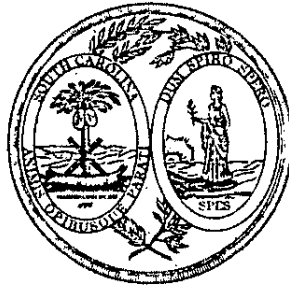
The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

13. Barbara Lee, Secretary - Treasurer

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

FILED  
2016 FEB - 1 P 5: 12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# *The State of South Carolina*



*Office of Secretary of State Mark Hammond*


## **Certificate of Existence**

**I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:**

**NEPHRON SC, INC.,**

a corporation duly organized under the laws of the State of South Carolina on November 4th, 2011, and having a perpetual duration unless otherwise indicated below, has as of the date hereof filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the corporation that it is subject to being dissolved by administrative action pursuant to S.C. Code Ann. §33-14-210, and that the corporation has not filed articles of dissolution as of the date hereof.

Given under my Hand and the Great Seal  
of the State of South Carolina this 22nd  
day of January, 2016.



Mark Hammond, Secretary of State