

F170000000989

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S Warren
MAR 03 2017

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 5284187 8125217

AUTHORIZATION :

COST LIMIT : \$ 87.50

ORDER DATE : February 28, 2017

ORDER TIME : 2:49 PM

ORDER NO. : 528418-185

CUSTOMER NO: 8125217

FOREIGN FILINGS

NAME: KNIPPERX INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
 PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender -- EXT# 62956

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KnippeRx 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:

Michael R Gurzo

Name of Person

KnippeRx Inc.

Firm/Company

I Healthcare Way

Address

Lakewood, NJ 08701

City/State and Zip code

mike.gurzo@knipper.com

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

For further information concerning this matter, please call:

Michael R Gurzo

732

987-7120

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.*

KnippeRx Inc.

1. _____
(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. 81-4758347
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 12/20/2016 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. 1250 Patrol Rd, Charlestown, IN 47111
(Principal office address)

1 Healthcare Way, Lakewood, NJ 08701

(Current mailing address, if different)

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

Name: Corporation Service Company

Office Address: 1201 Hays Street

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.

Corporation Service Company

By: _____

(Registered agent's signature)

Melissa Zender
Asst. Vice President

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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TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: James J. Knipper
Address: One Healthcare Way, Lakewood, NJ 08701

Vice Chairman: _____
Address: _____

Director: Teresa L. Knipper
Address: One Healthcare Way, Lakewood, NJ 08701

Director: _____
Address: _____

B. OFFICERS

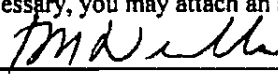
President: Michael J. Lafferera
Address: One Healthcare Way, Lakewood, NJ 08701

Vice President: Frank McNicholas
Address: One Healthcare Way, Lakewood, NJ 08701

Secretary: Linda E. Hatt
Address: One Healthcare Way, Lakewood, NJ 08701

Treasurer: Frank Mc Nicholas
Address: One Healthcare Way, Lakewood, NJ 08701

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

KnippeRx INC.

Officers

Michael J. Lafferera	President	One Healthcare Way, Lakewood, NJ 08701 23 Alexander Dr, Flemington, NJ 08822
James J. Knipper	CEO	One Healthcare Way, Lakewood, NJ 08701 22 Lafayette Rd, Princeton, NJ 08540
Linda E. Hatt	Secretary	One Healthcare Way, Lakewood, NJ 08701 535 Beach Ave, Manahawkin, NJ 08050
Frank McNicholas	Treasurer	One Healthcare Way, Lakewood, NJ 08701 12 Bartow Lane, Chatham, NJ 07928

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TREASURY OF FLORIDA

**STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
SHORT FORM STANDING**

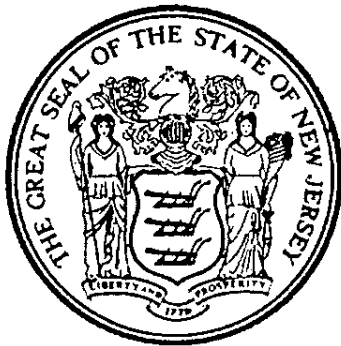
KNIPPERX INC.
0450127675

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic For-Profit Corporation was registered by this office on December 20, 2016.

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 office are:

**CORPORATION SERVICE COMPANY
PRINCETON SOUTH CORPORATE CTR
STE 160, 100 CHARLES EWING BLVD
EWING, NJ 08628**



*IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed
my Official Seal at Trenton, this
28th day of February, 2017*

*Ford M. Scudder
Acting State Treasurer*

Certificate Number : 6077964523

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp