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(Re	questor's Name)		
(Ad	dress)		
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(City/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL	
(Bu	isiness Entity Nar	me)	
(Document Number)			
Certified Copies	_ Certificates	s of Status	
Special Instructions to	Filing Officer:		
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J. HARRIE

COVER LETTER

TO:	Registration Sect Division of Corpo				
SHRI	USpharma,	Ltd.			
оор		Name of co	orporation -	must include suffix	
Dear S	Sir or Madam:				
"Certi	ficate of Existence,		Good Standi	ng" and check are subi	et Business in Florida," mitted to register the
	return all correspo H. EDMISTON	ndence concerning t	this matter to	o the following:	
			Name of Pe	rson	
ATTO	RNEY AT LAW				
118 H	OUT STREET, SUIT		Firm/Compa	nny	
			Address	;	
WARI	RENSBURG, MO 64	093			
			ity/State and	Zip code	
johnhe	dmiston@gmail.com				
		E-mail address: (to	be used for	future annual report n	otification)
For fu	rther information co	oncerning this matte	er, please cal	l:	
JOHN H. EDMISTON			660	747-9141	
	Name of Person		Area Code	Daytime Teleph	none Number
	STREET/COUR Registration Sect Division of Corpe Clifton Building 2661 Executive C Tallahassee, FL	enter Circle		MAILING AI Registration Se Division of Co P.O. Box 6327 Tallahassee, Fl	ection rporations
Enclos	sed is a check for th	e following amount	:		
□ \$7	0.00 Filing Fee	□ \$78.75 Filing Fe Certificate of St		\$78.75 Filing Fee & Certified Copy	■ \$87.50 Filing Fee, Certificate of Status & Certified Copy



May 3, 2017

JOHN H EDMISTON 118 HOUT STREET, SUITE A WARRENSBURG, MO 64093

SUBJECT: USPHARMA, LTD. Ref. Number: W17000037985

We have received your document for USPHARMA, LTD. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Acceptable suffix included after LTD.,

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 517A00008650

ALLABASSTE, LEGALIA

2017 HAY IO AN IO: 44

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.

l. USpharm	a, Ltd., Co.		
(Enter name of "Inc.," "Co.,"	f corporation; must include "INCORPORATED, "Corp," "Inc," "Co," or "Corp.")	" "COMPANY," "CORPORATION,"	0
(If name unava	ailable in Florida, enter alternate corporate name	adopted for the purpose of transacting	business in Florida)
Missouri 2.	. 3.	81 2794017	·
(State or country under the law of which it is incorporated) 04/05/2016		(FEI number, if applicable) Perpetual	
	ate of incorporation)	(Date of duration, if other th	an perpetual)
115 Bluejay Dr 7	(SEE SECTIONS 607.1501 & 607.1 ive, Suite 205, Liberty, MO 64068	n Florida, if prior to registration) 502, F.S., to determine penalty liability pal office address))
· · · · · · · · · · · · · · · · · · ·	(Current maili	ng address, if different)	
8. Name and <u>str</u> Name:	eet address of Florida registered agent: (P.C Charly Edmiston	O. Box <u>NOT</u> acceptable)	2011 HAY 10 SECRETAR'S TALLAHASS
Office Address:	6765 SW 77th Terrace		مي لما
	South Miami	33143 , Florida	AMO: 4
	(City)	(Zip code)	DE F

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)

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. DIR	ECTORS			
Chairman	Dr. Manesh Dixit			
Address:	291 Avon Road, #9224			
	Devon, PA 19333			
Vice Cha	Larry Patel			<u> </u>
Address:	115 Bluejay Drive, Suite 201			
	Liberty, MO 64068			_
Director:	Rekha Patel		_	
Address:	115 Bluejay Drive, Suite 201			
	Liberty, MO 64068			
Director:	Dr. Prasada Raju			
Address:	3701 Concorde Parkway			
	Chantilly, VA 20151			
B. OFF	ICERS			
President:	Dr. Manesh Dixit			
Address:	291 Avon Road, #9224	·		
	Devon, PA 19333			
Vice Pres	Larry Patel			
Address:	115 Bluejay Drive, Suite 201	PEC PEC	200	
. 1001033.	Liberty, MO 64068	AH T	MAY	
Secretary:	John H. Edmiston	SSEE S	0	
Address:	118 Hout Street, Suite A, Warrensburg, MO 64093	E S	*	Principle (
Treasurer:	N/A	SIATE	<u>ن</u> دو	- Capper
Address:		<i>ح</i> ل		
	If necessary, you may attach an addendum to the application listing additional officers and/	or direct	Orc	
12.	John & Missen Secretary	or direct	UIS.	
· 2.	Signature of Director or Officer			
are true a	ter or director signing this document (and who is listed in number 11 above) affirms that the und that he or she is aware that false information submitted in a document to the Department			
Iohn	gree felony as provided for in s.817.155, F.S. H. Edmiston, Secretary			
13. <u></u>				

STATE OF MISSOURI



John R. Ashcroft Secretary of State

CORPORATION DIVISION CERTIFICATE OF GOOD STANDING

I, JOHN R. ASHCROFT, Secretary of State of the State of Missouri, do hereby certify that the records in my office and in my care and custody reveal that

USpharma, Ltd. 001368556

was created under the laws of this State on the 5th day of April, 2016, and is in good standing, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, this 27th day of April, 2017.

Secretary of State

Certification Number: CERT-04272017-0086

