

F17000002145

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

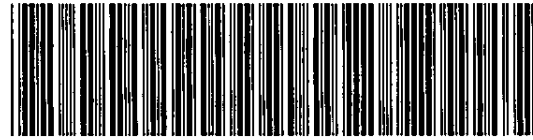
(Business Entity Name)

(Document Number)

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

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2017 MAY 10 AM 10:44  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

MAY 11 2017  
J. HARRIS

~~STATE~~

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** USpharma, Ltd.

\_\_\_\_\_  
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:

JOHH H. EDMISTON

\_\_\_\_\_  
Name of Person

ATTORNEY AT LAW

\_\_\_\_\_  
Firm/Company

118 HOUT STREET, SUITE A

\_\_\_\_\_  
Address

WARRENSBURG, MO 64093

\_\_\_\_\_  
City/State and Zip code

johnhedmiston@gmail.com

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

For further information concerning this matter, please call:

JOHN H. EDMISTON

660

747-9141

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

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

2017 MAY 10. PM 1:53

TALLAHASSEE, FLORIDA

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2017 MAY 10 AM 10:44

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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. USpharma, Ltd., Co. (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. Missouri 3. 81 2794017 (State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 04/05/2016 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. 115 Bluejay Drive, Suite 205, Liberty, MO 64068 (Principal office address)

(Current mailing address, if different)

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

Name: Charly Edmiston

Office Address: 6765 SW 77th Terrace

South Miami, Florida 33143 (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.

Charly Edmiston (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. DIRECTORS**

Chairman: Dr. Manesh Dixit  
291 Avon Road, #9224  
Address: Devon, PA 19333

Vice Chairman: Larry Patel  
115 Bluejay Drive, Suite 201  
Address: Liberty, MO 64068

Director: Rekha Patel  
115 Bluejay Drive, Suite 201  
Address: Liberty, MO 64068

Director: Dr. Prasada Raju  
3701 Concorde Parkway  
Address: Chantilly, VA 20151

**B. OFFICERS**

President: Dr. Manesh Dixit  
291 Avon Road, #9224  
Address: Devon, PA 19333

Vice President: Larry Patel  
115 Bluejay Drive, Suite 201  
Address: Liberty, MO 64068

Secretary: John H. Edmiston  
118 Hout Street, Suite A, Warrensburg, MO 64093  
Address: \_\_\_\_\_

Treasurer: N/A  
Address: \_\_\_\_\_

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TALLAHASSEE FLORIDA

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

12.  John H. Edmiston, SECRETARY  
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. John H. Edmiston, Secretary  
(Typed or printed name and capacity of person signing application)

# STATE OF MISSOURI



**John R. Ashcroft**  
**Secretary of State**

**CORPORATION DIVISION**  
**CERTIFICATE OF GOOD STANDING**

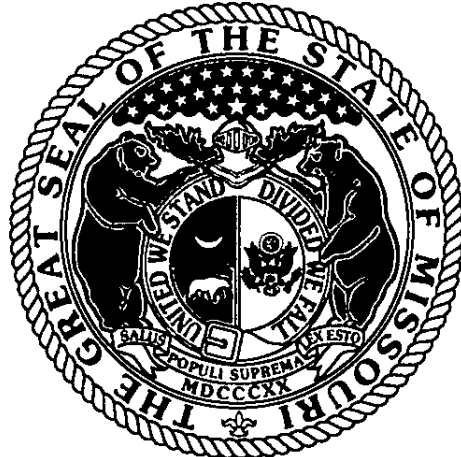
I, JOHN R. ASHCROFT, Secretary of State of the State of Missouri, do hereby certify that the records in my office and in my care and custody reveal that

*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