# F18000001995

(Requestor's Name)					
(Ad	dress)				
(Ad	dress)				
(Cit	y/State/Zip/Phon	ne #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificate	es of Status			
Special Instructions to Filing Officer:					

Office Use Only



100312391541

04/27/18--01010--006 \*\*70.00



APR 3 O 217.79 J. HARRIS

#### **COVER LETTER**

TO:	_	stration Section sion of Corporations						
SUBJ	ECT:	Preferred Pharmaceuticals, Inc.						
		Name of corporation - must include suffix						
Dear S	ir or M	adam:						
"Certif	icate o	"Application by Foreign Corporation for Authorization to Transact Business in Florida." f Existence." or "Certificate of Good Standing" and check are submitted to register the ced foreign corporation to transact business in Florida.						
Please	return	all correspondence concerning this matter to the following:						
Robert	L. Kent							
		Name of Person						
Preferre	ed Pharr	maceuticals, Inc.						
		Firm/Company						
1250 N	l. Lake	view Ave. Unit "O"						
		Address						
Anahe	im, CA	92807						
		City/State and Zip code						
rkentp	p <u>i@</u> att.r							
		E-mail address: (to be used for future annual report notification)						
For fu	rther in	formation concerning this matter, please call:						
Rober	t Kent	at (714) 292-3644						
TODE		e of Person Area Code Davtime Telephone Number						
	Regis Divis Clifte 2661 Talla	EET/COURIER ADDRESS: Stration Section Sign of Corporations On Building Executive Center Circle hassee, FL 32301  MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314						
Enclos	ed is a	check for the following amount:						
\$7(	0.00 Fil	ling Fee Status S78.75 Filing Fee & Certified Copy S87.50 Filing Fee & Certified Copy 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. Preferred Pharm	naceuticals, Inc.	<u> </u>		<del> </del>		
	orporation; must include "INCORPORATI orp," "Inc." "Co." or "Corp.")	ED," "COMPANY," "C	ORPORATION,"			
(If name unavails	able in Florida, enter alternate corporate na	ime adopted for the purpo	se of transacting busines	ss in Florida)		
2. California		3. 01-0808737				
(State or countr	State or country under the law of which it is incorporated) (FEI number, if applicable)					
4. March 2, 2004		5. Perpetual		· · · · · · · · · · · · · · · · · · ·		
(Date	(Date of incorporation) (Date of duration, if other than perpetual)					
6. No business tra	nsacted - Applying for Nonresident Drug F	Repackager Permit				
	(Date first transacted busine (SEE SECTIONS 607.1501 & 60					
7. 1250 N. Lakeviev	v Ave. Unit "O", Anaheim, CA 92807					
	(Pri	incipal office address)				
SAME		~~~,				
	(Current m	nailing address, if differen	1)			
8. Name and stree	et address of Florida registered agent:	(P.O. Box <u>NOT</u> accep	table)	-		
Name:	Registered Agents Inc.		Der .	. 😉 .		
Office Address:	3030 N. Rocky Point Dr. STE 150A		i i i i i i i i i i i i i i i i i i i			
	Татра	, Florida_3360	?. 	A		
	(City)		ip code)	宝门		
9. Registered ag	ant's accountance		,	جير ي		
Having been nan	ned as registered agent and to accept s	service of process for ti	he above stated corpo	ration at the place		
designated in this	application, I hereby accept the appo	ointment as registered (	agent and agree to ac	t in this capacity. T		
	omply with the provisions of all statu familiar with and accept the obligation			rmance of my		
		Registered Agents Inc.				
	Bell have	Bill Havre	- Assistant Secretar	у		

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.

(Registered agent's signature)

11. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: Robert L. Kent Address: 5890 Paseo De La Cumbre, Yorba Linda, CA 92887 Vice Chairman: Michael L. Kent Address: 19937 Trotter Lane, Yorba Linda, CA 92886 Director: Sharon G. McLuckey Address: 295 Chrisalta Way, Anaheim, CA 92807 Director: Address: \_ **B. OFFICERS** President: Michael L. Kent Address: 19937 Trotter Lane, Yorba Linda, CA 92886 Vice President: Address: Secretary: \_ Address: \_\_ NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 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. Robert L. Kent, Pharm.D., Chairman/CEO

### State of California Secretary of State

CERTIFICATE OF STATUS

#### ENTITY NAME:

PREFERRED PHARMACEUTICALS, INC.

FILE NUMBER: FORMATION DATE:

C2640118

TYPE:

03/02/2004

JURISDICTION:

DOMESTIC CORPORATION CALIFORNIA

STATUS:

ACTIVE (GOOD STANDING)

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 April 18, 2018.

ALEX PADILLA Secretary of State