

F1800000 2460

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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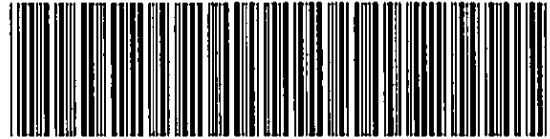
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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MAY 21 AM 5:24
TALLAHASSEE FLORIDA

MAY 24 2018
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PSI Pharma Support America, 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:

Benjamin Roccanova

Name of Person

PSI Pharma Support America, Inc.

Firm/Company

875 First Avenue

Address

King of Prussia, PA 19406

City/State and Zip code

helena.lazares@psi-cro.com

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

For further information concerning this matter, please call:

Benjamin Roccanova

at (267) 464-2506

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. PSI Pharma Support America, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
2. Delaware 3. 20-3207582
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 07/25/2005 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. 875 First Avenue King of Prussia, PA 19403
(Principal office address)
- _____ (Current mailing address, if different)
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
- Name: Incorporating Services, Ltd.
- Office Address: 1540 Glenway Drive
Tallahassee, Florida 32301
(City) (Zip code)

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2019 MAY 21 AM 5:24
TALLAHASSEE FLORIDA

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.

Glen K. Kent, Assistant Secretary
(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: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Nickolai Sinackevich

Address: Baarerstrasse 113A Zug 6300 CH

Director: Martin Schmidt

Address: Baarerstrasse 113A Zug 6300 CH

B. OFFICERS

President: Nickolai Sinackevich

Address: Baarerstrasse 113A Zug 6300 CH

Vice President: Martin Schmidt

Address: Baarerstrasse 113A Zug 6300 CH

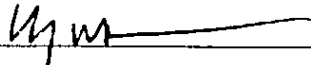
Secretary: Benjamin Rocanova

Address: 875 First Avenue King of Prussia, PA 19406

Treasurer: _____

Address: _____

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. Benjamin Rocanova, Secretary

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

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2009 MAY 21 AM 5:26
MICHIGAN STATE DEPT OF STATE

Delaware

The First State

Page 1


I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PSI PHARMA SUPPORT AMERICA, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SEVENTH DAY OF APRIL, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PSI PHARMA SUPPORT AMERICA, INC." WAS INCORPORATED ON THE TWENTY-FIFTH DAY OF JULY, A.D. 2005.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.




Jeffrey W. Bullock, Secretary of State

4004948 8300

SR# 20182720517

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202596487

Date: 04-27-18