

FI 8000003836

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

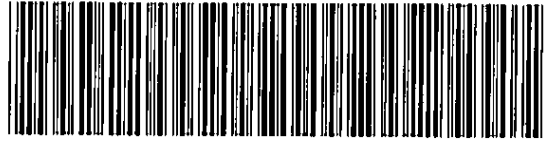
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

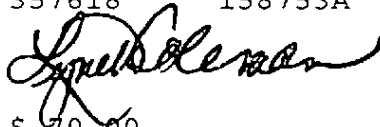
Office Use Only



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RECEIVED
18 AUG 21 PM 4:37
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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

ACCOUNT NO. : I20000000195
REFERENCE : 357618 158753A
AUTHORIZATION : 
COST LIMIT : \$ 70.00

ORDER DATE : August 21, 2018
ORDER TIME : 2:59 PM
ORDER NO. : 357618-005
CUSTOMER NO: 158753A

FOREIGN FILINGS

NAME: PHARMA & ANIMAL HEALTH INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER: _____

**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. Pharma & Animal Health Inc.
(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. Delaware 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. July 12, 2018 5. _____
(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. 111 Wood Stork Way, Sebastian, FL 32958
(Principal office address)

(Current mailing address, if different)

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

Name: Janet M. Manuel

Office Address: 111 Wood Stork Way

Sebastian, Florida 32958
(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.

Janet M. Manuel
Janet M. Manuel (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 this jurisdiction.

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

A. DIRECTORS

Chairman: N/A

Address: _____

Vice Chairman: N/A

Address: _____

Director: Alessandro Falzoni

Address: 111 Wood Stork Way, Sebastian, FL 32958

Director: Daniele Falzoni

Address: 111 Wood Stork Way, Sebastian, FL 32958

B. OFFICERS

President: Alessandro Falzoni

Address: 111 Wood Stork Way, Sebastian, FL 32958

Vice President: Daniele Falzoni

Address: 111 Wood Stork Way, Sebastian, FL 32958

Secretary: Janet M. Manuel

Address: 111 Wood Stork Way, Sebastian, FL 32958

Treasurer: Janet M. Manuel

Address: 111 Wood Stork Way, Sebastian, FL 32958

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

12. Janet M. Manuel
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.

Janet M. Manuel, Secretary

13. _____

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

Pharma & Animal Health Inc.

Attachment to Application by Foreign Corporation for Authorization to Transact Business in Florida

Item 11. Additional Officer:

Assistant Secretary

Name: Robert F. Manuel

Address: 111 Wood Stork Way, Sebastian, FL 32958

Delaware

The First State


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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PHARMA & ANIMAL HEALTH 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-FIRST DAY OF AUGUST, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PHARMA & ANIMAL HEALTH INC." WAS INCORPORATED ON THE TWELFTH DAY OF JULY, A.D. 2018.

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




Jeffrey W. Bullock, Secretary of State