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October 31, 2018

PHARMACEUTICAL TRADE SERVICES, INC. ANNE F. LEWIS 5820 GULF TECH DRIVE OCEAN SPRINGS, MS 39564 US

SUBJECT: PHARMACEUTICAL TRADE SERVICES, INC.

Ref. Number: W18000095942

We have received your document for PHARMACEUTICAL TRADE SERVICES, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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.

Letter Number: 318A00022497

Sterling R Abney Regulatory Specialist II

www.sunbiz.org

Page: 1 of 10

Detail by Entity Name

Page 1 of 1

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Department of State / Division of Corporations / Sporch Records / Detail By Document Number /

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ANNE F. LEWIS			· -
5820 GULF TECH DRIV	Έ		
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Document Images			
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11-5-18- Called, FOREIGN 850-245-6051, STERly about A- FAX 850-245-6030

A Re-Sond, Documents were separated from Application + check

Plene see attached to complete processing New entity http://search.sunbiz.org/Inquiry/CorporationSearch/SearchResultDetail?inquirytype=Entity... 11/2/2018

Sur Via Endex 10/24/18

### **COVER LETTER**

FAX 850-245-6030 Starling-Abney TO: Registration Section Division of Corporations Pharmaceutical Trade Services, Inc. SUBJECT: 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: Anne F. Lewis Name of Person Pharmaceutical Trade Services, Inc. Firm/Company 5820 Gulf Tech Drive Address Ocean Springs, MS 39564 City/State and Zip code alewis@durbin-usa.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Anne Lewis STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, FL 32314 Tallahassee, FL 32301 Enclosed is a check for the following amount: ■ \$70.00 Filing Fee ■ \$78.75 Filing Fee & ☐ \$78.75 Filing Fee & ☐ \$87.50 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Cortified 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. Pharmaceutical Trade Services, 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) Mississippi 64-0897326 (State or country under the law of which it is incorporated) (PEI number, if applicable) \_ 5. \_\_ (Date of incorporation) (Date of duration, if other than perpetual) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 5820 Gulf Tech Drive, Ocean Springs, MS 39564 (Principal office address) same (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) InCorp Services, Inc. Name: 17888 67th Court North Office Address: Loxahatchee \_\_ , Florida Š (City) 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. # SEE ATTACHED DOOUMENTHTION, VERIFICATION OF RECHSTERED AGENT

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. DIRE	Mr. Leslie Morgan			
Chairman: Address:	Unit 5 Swallowfield Way, Hayes,			
Addiess.	Middlesex, United Kingdom UB3 1DQ			
Vice Chair	man:			
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Director:				
Address: _				
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Director: _				
Address: _	· · · · · · · · · · · · · · · · · · ·			
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B. OFFI	Mr Leslie Margan	LĴŨ		
President: Address: _	Unit 5 Swallowfield Way, Hayes	72		
	Middlesex, United Kingdom UB3 1 DQ	ن <u>ق</u>		
 ice Presid/	ent:			
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ccretary:	Anne F. Lewis			
	5820 Gulf Tech Drive, Ocean Springs, MS 39564			
reasurer:	Melissa McLaughlin			
	5820 Gulf Tech Drive, Ocean Springs, MS 39564			
OTE: If	necessary, you may attach an addendum to the application listing additional officers	and/or directors.		
third deg	Signature of Director or Officer or director signing this document (and who is listed in number 11 above) affirms the or she is aware that false information submitted in a document to the Departure felony as provided for in s.817.155, F.S.	at the facts stated herein tment of State constitutes		
	(Typed or printed name and capacity of person signing application)	<del></del>		



#### Delbert Hosemann Secretary of State

#### Office of the Secretary of State Jackson, Mississippi

# Certificate of Good Standing

I, C. DELBERT HOSEMANN, JR., Secretary of State of the State of Mississippi, and as such, the legal custodian of the records as required by the laws of Mississippi, to be filed in my office, do hereby certify:

That on the 8th day of July, 1998, the State of Mississippi issued a Charter/ Certificate of Authority to:

# PHARMACEUTICAL TRADE SERVICES INC.

That the state of incorporation is Mississippi.

That the period of duration is perpetual.

That according to the records of this office, Articles of Dissolution or a Certificate of Withdrawal have not been filed.

That according to the records of this office, a current Annual Report has been delivered to the Office of the Secretary of State.

I further certify that all fees, taxes and penalties owed to this state, as reflected in the records of the Secretary of State, have been paid and that the corporation is in existence or has authority to transact business in Mississippi.

That insofar as the records of this office are concerned, the said PHARMACEUTICAL TRADE SERVICES INC. is in good standing at this time.

> Given under my hand and seal of office the 23rd day of October, 2018

C. Delbert Hosemann, Jr.

Secretary of State

Certificate Number: CN18058386

Verify this certificate online at http://corp.sos.ms.gov/corpconv/verifycertificate.aspx