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Florida Department of State
Division of Corporations
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FOREIGN PROFIT/NONPROFIT CORPORATION
EUROPHARM INTERNATIONAL U.S. INC.

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$78.75

2018 NOV 13 AM 9:06

(Signature) 11-14-18

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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. EUROPHARM INTERNATIONAL U.S. INC.
(Name of corporation; must include the word "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. 11/13/2012 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "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. 4300 NORTH OCEAN BLVD, 3B, FT. LAUDERDALE, FLORIDA 33308
(Principal office address)

(Current mailing address)

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


Name: LEONARDO CALDERONE

Office Address: 4300 NORTH OCEAN BLVD, 3B

FT. LAUDERDALE, Florida, 33308
(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.*


(Registered agent's signature) **LEONARDO CALDERONE**

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 addresses of officers and/or directors:

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A. DIRECTORS (Street address only - P.O. Box NOT acceptable)

Chairman: LEONARDO CALDERONE

Address: 4300 NORTH OCEAN BLVD, 3B, FT. LAUDERDALE, FLORIDA 33308

Vice Chairman: _____

Address: _____

Director: LEONARDO CALDERONE

Address: 4300 NORTH OCEAN BLVD, 3B, FT. LAUDERDALE, FLORIDA 33308

Director: _____

Address: _____

B. OFFICERS

President: LEONARDO CALDERONE

Address: 4300 NORTH OCEAN BLVD, 3B, FT. LAUDERDALE, FLORIDA 33308

Vice President: _____

Address: _____

Secretary: _____

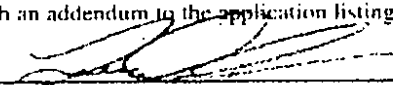
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Treasurer: _____

Address: _____

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

12. 
(Signature of Director or Officer listed in number 12 of the application)

13. LEONARDO CALDERONE
(Typed or printed name and capacity of person signing application)

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Delaware
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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "EUROPHARM INTERNATIONAL U.S. 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 THIRTY-FIRST DAY OF OCTOBER, A.D. 2018.

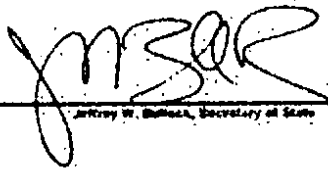
AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "EUROPHARM INTERNATIONAL U.S. INC." WAS INCORPORATED ON THE THIRTEENTH DAY OF NOVEMBER, A.D. 2012.

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

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SECRETARY OF STATE
DELAWARE




Jeffrey W. Bullock, Secretary of State

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