F1800000 5936

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
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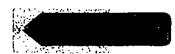
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APPROVED AND FILED BIRDEC 18 PM 3: 57

SHOW

COVER LETTER

TO:	Registration Se Division of Co				
SHRI	ECT:	ProSharma PV	T.	1 C	
SUDJ	EC1	Name of corpora	tion	- must include suffix	
Dear S	Sir or Madam:				
Certi	ficate of Existen	ition by Foreign Corporation ce," or "Certificate of Good gn corporation to transact bu	Stan	ding" and check are sub	
Please	return all corres	pondence concerning this m	atter	to the following:	
		Kris Henkhaus Name ProPharma PV, J	_		
		Name	ofI	Person	
		ProPharma PV.	Inc		
		Firm	Com	pany	
	1	8717 W. 11045	4_	Ste 300	
		\f\	aure	33	
		Overland Park, City/Sta Kris. henkhaus (a E-mail address: (to be ti	KS	66210	
		City/Sta	ite ar	nd Zip code	
		Kris. henkhausa	PA	pharmagroup con	<u> </u>
		E-mail address: (to be u	ed y	or future almual teport i	notification)
For fu	rther information	n concerning this matter, ple	ase c	all:	
Kr	is Henkha	u.S. at (9/3	}	906-7130	
•	Name of Perso		Code	Daytime Telep	hone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations			MAILING ADDRESS: Registration Section Division of Corporations		
Clifton Building			P.O. Box 6327		
	2661 Executiv Tallahassee, F	e Center Circle L=32301		Tallahassee, F	L 32314
Enclos	ed is a check for	the following amount:			
9 \$70	0.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	0	\$78.75 Filing Fee & Certified Copy	S87.50 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. (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. Minnesota
(State or country under the law of which it is incorporated)

3. 41-1710595
(FEI number, if applicable) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 8717 W. 110th St. Ste 300 Overland Park KS 66210 (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Office Address: 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.

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:	
Address:	
Disconton	
Director:	
Address:	
B. OFFICERS	
President:	
Address:	A C C C C C C C C C C
Global CFO Rob Chestnut	SAS II PA
Address: 8717 W 110mSt., Ste 300	
Overland Park, KS 66210	ORE S
Secretary:	-
Address:	
Treasurer:	
Address:	
NOTE: If necessary, you may attach an addendum to the application	on listing additional officers and/or directors.
Signature of Director or	Officer
The officer or director signing this document (and who is listed in n are true and that he or she is aware that false information submitted a third degree felony as provided for in s.817.155, F.S.	
13. Rob Chostnut Wobal CFO	

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

Office of the Minnesota Secretary of State Certificate of Good Standing

I, Steve Simon, Secretary of State of Minnesota, do certify that: The business entity listed below was filed pursuant to the Minnesota Chapter listed below with the Office of the Secretary of State on the date listed below and that this business entity is registered to do business and is in good standing at the time this certificate is issued.

Name: ProPharma PV, Inc.

Date Filed: 08/20/1991

File Number: 7D-354

Minnesota Statutes, Chapter: 302A

Home Jurisdiction: Minnesota

This certificate has been issued on: 11/29/2018

Ateve Pinnon Steve Simon

Secretary of State
State of Minnesota