# FYCOUSIS

(Reques	itor's Name)
(Address	s)
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PICK-UP	WAIT MAIL
(Busines	ss Entity Name)
(Docum	ent Number)
Certified Copies	Certificates of Status
Special Instructions to Filing	g Officer:

Office Use Only

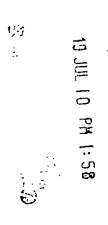


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2019 JUL 10 PH 4: 33
SECRATARY OF STATE
TALLAHASSEE, FLORIDA

TIFU

Y SCOTT





115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 **866.625.0838** COGENCYGLOBAL.COM

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ABRAXIS, INC.	
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	ISSUES? CALL
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	518-213-0738
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# **COVER LETTER**

SUBJECT:	Al	BRAXIS, INC.	
	Name of corporation	on - must include suffix	
Dear Sir or Madam:			
"Certificate of Existence	ion by Foreign Corporation for "Certificate of Good State of Corporation to transact busing the corporation for the corporatio	anding" and check are sub	
Please return all corresp	ondence concerning this mat	ter to the following:	TALL THASS LET FLORID
	Name o	of Person	<b>到</b>
	COGENCY G	SLOBAL INC.	SS.
	Firm/Company		
	600 S. SECOND ST.		£ [ (
Address		記:	
	SPRINGFIEL	_D, IL 62704	F
	City/State	and Zip code	<del>-</del> <del></del>
·	_	CYGLOBAL.COM	
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Name of Person  STREET/COU  Registration Sec  Division of Corp	E-mail address: (to be used concerning this matter, please at (	d for future annual report not call:  Daytime Telephode  MAILING Al Registration So Division of Co	DDRESS: ection proporations
Name of Person  STREET/COU  Registration Sec  Division of Corp  Clifton Building	E-mail address: (to be used concerning this matter, please at ( at ( Area Concerning this matter, please at ( at ( Area Concerning this matter, please at ( at ( Area Concerning this matter, please at ( at ( Area Concerning this matter, please at ( at ( Area Concerning this matter, please at ( at ( Area Concerning this matter, please at ( at ( Area Concerning this matter, please at ( at ( Area Concerning this matter, please at (	d for future annual report not call:  Daytime Telephode  MAILING Al Registration So Division of Co P.O. Box 6327	DDRESS:
Name of Person  STREET/COU  Registration Sec  Division of Corp	E-mail address: (to be used concerning this matter, please at (	d for future annual report not call:  Daytime Telephode  MAILING Al Registration So Division of Co	DDRESS:
Name of Person  STREET/COU  Registration Sec  Division of Corp  Clifton Building 2661 Executive	E-mail address: (to be used concerning this matter, please at (	d for future annual report not call:  Daytime Telephode  MAILING Al Registration So Division of Co P.O. Box 6327	DDRESS:

### 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.

_	ABR	AXIS, IN	NC.	
	rporation; must include "INCORPORA rp," "Inc," "Co," or "Corp.")	TED," "C	OMPANY," "CORPORATION	1,"
(If name unavailab	ole in Florida, enter alternate corporate	name adop	sted for the purpose of transactin	g business in Florida)
·.	PA	3.	82-0630 <b>162</b>	
(State or country	PA under the law of which it is incorporate	3. 82-0630162 (FEI number, if applicable)		plicable)
<b>i</b> .	3/3/1999	5.		
(Date of incorporation)			(Date of duration, if other	than perpetual)
5.				
			rida, if prior to registration) F.S., to determine penalty liabili	ity)
·	124 Railroad Drive	, Warmi	nster, PA 18974	26 2
	(1	Principal o	ffice address)	CALIA
100,000	(Current	mailing ad	dress, if different)	O PM
. Name and street	address of Florida registered agent	: (P.O. B	ox <u>NOT</u> acceptable)	E .
Name:	COGENCY GLOBAL IN	1C.	_	33
Office Address:	115 North Calhoun Street,	Suite 4	_	
	Tallahassee	<u></u>	_, Florida <u>32301</u>	
	(City)		(Zip code)	

## 9. Registered agent's acceptance:

Having been named as registered ugent 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)

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. DIRI	ECTORS		
Chairman	. Richard Quashne ✓		<del></del>
	124 Railroad Drive		
	Warminster, PA 18974		
Vice Chai	irman:		
Address:			
<u>-</u>			
Director:	Fernando Rubio 🗸		
	124 Railroad Drive		
	Warminster, PA 18974	2019 Str	
Director:		JUIL CEAT L'AT	Ti
		NS:	Γ-
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		E. P.	[1]
B. OFF	ICERS	F.07	. •
	Richard Quashne	<b>PRATE</b> 35	)
	124 Railroad Drive		·
, , , , , , , , , , , , , , , , , , , ,	Warminster, PA 18974		
Vice Presi	ident:		<u> </u>
, , , , , , , , , , , , , , , , , , , ,			-
Secretary	Travis Powell		
Address:	2425 New Holland Pike, Lancaster, PA 17601		
Treasurer:	Travis Powell		
Address:	2425 New Holland Pike, Lancaster, PA 17601		
	If necessary, you may attach an addendum to the application listing additional officer	rs and/or director	76
12.	Thetessary, you may attach all addendant to the application risking additional officer	3 and/or director	<b>3.</b>
	Signature of Director or Officer		
are true a	er 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.		
13	Travis Powell, Secretary		
	(Typed or printed name and capacity of person signing application)		

# COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE

07/10/2019

### TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

### ABRAXIS, INC.

is duly registered as a Pennsylvania Business Corporation under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees; taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written

Acting Secretary of the Commonwealth

Certification Number: TSC190710120953-1

Verify this certificate online at http://www.corporations.pa.gov/orders/verify