

FI9000003941

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

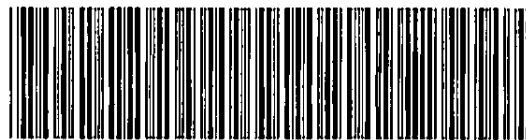
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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07/26/13--01005--020 **70.00

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 7, 2019

JENNIFER SCHNEIDER
1751 STATE ROUTE 17A, STE 3
FLORIDA, NY 10921

SUBJECT: RISING PHARMA HOLDINGS, INC.
Ref. Number: W19000072079

We have received your document for RISING PHARMA HOLDINGS, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please fill out the appropriate officer/director form,

We are enclosing the proper form(s) with instructions for your convenience.

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.

Brooke N Kinsey
Regulatory Specialist II

Letter Number: 519A00016155

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Rising Pharma Holdings, Inc.
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:

Jennifer Schneider
Name of Person

State License Servicing, Inc.
Firm/Company

1751 State Route 17A, Suite 3
Address

Florida, NY 10921
City/State and Zip code

vnooty@risingpharma.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jennifer Schneider at (845) 544-2482
Name of Person Area Code Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☒ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 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.*

1. Rising Pharma Holdings, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
2. Delaware 3. 83-3859401
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 03/01/2019 5. _____
(Date of incorporation) (Date of duration, if other than 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. 1100 Cornwall Road, Suite 110, Monmouth Junction, NJ 08852
(Principal office address)
- _____ (Current mailing address, if different)
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
- Name: InCorp Services, Inc.
- Office Address: 17888 67th Court North
- Loxahatchee, Florida 33470
(City) (Zip code)

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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.



Kim Barajas on behalf of InCorp Services, Inc.

(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. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

CEO: Vimal Kavuru

President: _____

Address: 11 Maacka Drive
Holmdel, NJ 07733

Vice President: N/A

Address: _____

Secretary: Kalyani Jasti

Address: 515 Gregory Ave Apt-3 Weehawken, NJ 07086

Treasurer: Kalyani Jasti

Address: 515 Gregory Ave Apt-3 Weehawken, NJ 07086

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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

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.

13. Christine Cannon Attorney-in-Fact

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

LIMITED POWER OF ATTORNEY

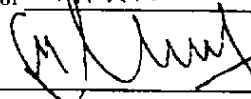
BE IT KNOWN, that VIMAL KAVURU of RISING PHARMA HOLDINGS, INC with principal offices at 2 TOWER CTR BLVD, 1401A, EAST BRUNSWICK, NJ 08816 in the capacity of CEO

has made and appointed, and by these presents does make and appoint Christine Cannon of State License Servicing Inc., 1751 State Rte. 17A, Suite 3, Florida, NY 10921, true and lawful attorney-in-fact for her and in her name, place and stead, for the following specific and limited purposes only:

Application, servicing and renewals of all state licenses, permits, business licenses, foreign qualifications, and drug and device product registrations required for RISING PHARMA HOLDINGS, INC to operate as a manufacturer and/or wholesale distributor in all states, as required. This Power of Attorney specifically precludes and limits State License Servicing Inc.'s power and authority from receiving, answering or defending any complaint or disciplinary action against RISING PHARMA HOLDINGS, INC by any state or federal authority, but giving and granting said attorney, full power and authority to do and perform all and every act and thing whatsoever necessary to be done in and about the specific and limited premises (set out herein) as fully, to all intents and purposes, as might or could be done if I were personally present, with full power of substitution and revocation, hereby ratifying and confirming all that said attorney shall lawfully do or cause to be done by virtue hereof. This Power of Attorney ☒ does ☐ does not name State License Servicing Inc as Representative Agent in Puerto Rico on behalf of RISING PHARMA HOLDINGS, INC to act in the capacity of representative agent as defined by Puerto Rico law. State License Servicing will act as a liaison only in Puerto Rico, at no time will have possession of any drugs, and will file and process paperwork only.

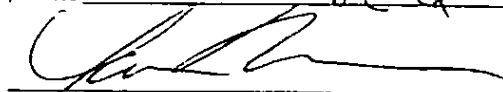
IN WITNESS WHEREOF, I have hereunto set my hand and seal

this 24 day of APRIL, 2019.



VIMAL KAVURU

State of NJ
County of MIDDLESEX

The foregoing instrument subscribed and sworn to before me this 24 day of April, 2019 by Vimal Kavuru who is personally known by me or who has produced SELF as identification


Notary Public
State of NJ
My Commission Expires:

TARA MIHANS
(SEAL) NOTARY PUBLIC-STATE OF NEW YORK
No. 01MI6350153
Qualified In Orange County
My Commission Expires November 14, 2020


Accepted: Christine Cannon, Attorney-in-Fact Date: 5/3/19

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "RISING PHARMA HOLDINGS, 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 NINETEENTH DAY OF JULY, A.D. 2019.

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line.

Jeffrey W. Bullock, Secretary of State

7304068 8300

SR# 20196060110

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203252317

Date: 07-19-19