# F2000004234

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### **COVER LETTER**

TO:	Registration Section Division of Corporations				
SUBJECT:		Pharmacal Resea	macal Research Laboratories, Inc.		
3010	ECT	Name of corporation	on - must include suffix	<del></del>	
Dear S	Sir or Madam:				
"Certi		ertificate of Good Sta	r Authorization to Transact E anding" and check are submit less in Florida.		
Please	return all correspondence	concerning this matte	er to the following:		
Diane	e Smith				
		Name o	f Person		
Pharm	nacal Research Laboratorie	es, Inc.			
		Firm/Co	mpany		
PO Bo	ox 369				
		Add	ress		
Nauga	atuck, CT 06770				
		City/State	and Zip code		
dsmith ———	n@pharmacal.com				
	E-mai	i address: (to be used	for future annual report noti	tication)	
For fu	rther information concerning	ng this matter, please	call:		020
Diane	Smith	203	e call: 20 20 20 20 20 20 20 20 20 20 20 20 20		
	Name of Person	at ( Area Co	)	ne Number	9
	Table of Forgati	Titel Co	oc Dayanie releption	ie i dinoci	
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		. 6: I(D
Please	_	RIDA DEPARTMEN		☐ \$87.50 Filing Fe Certificate of Sta 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.

Pharmaca 1.	Pharmacal Research Laboratories, Inc.						
	of corporation; must include "INCORPORATED, "Corp," "Inc," "Co," or "Corp.")	" "COMPANY," "CORPORATION,"					
(If name un	available in Florida, enter alternate corporate name		s in Florida)				
2. Connection	ut3.	060943370					
	ountry under the law of which it is incorporated)	(FEI number, if applicable)					
June 1, 19	976						
	(Date of incorporation)	(Date of duration, if other than perpetual)					
6. 6/1/20							
		n Florida, if prior to registration) 502, F.S., to determine penalty liability)					
7		ice street address)					
PO Box 36	9 Naugatuck, CT 06770	,					
	(Current maili	ng address, if different)					
8. Name and	street address of Florida registered agent: (P.6  Business Filings Incorporated	O. Box <u>NOT</u> acceptable)	2020 50				
Office Addres	ss: 1200 South Pine Island Road		9				
	Plantation	, Florida	ස <u>ා</u>				
	(City)	(Zip code)	: 10				

#### 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.

andia Contrago Ant Sec. Business Filory Errosporated
(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.

#### A. DIRECTORS William Fleischer Kenneth Shapiro Name: □Chairman □Chairman 63 Greenbrier Road 352 Lakeside Road Address: ☐ Vice Chairman Address: □ Vice Chairman Oxford, CT 06473 Southbury, CT 06488 □ Director □Director President □President □ Vice President \_\_\_ ■ Vice President □ Secretary □Treasurer □ Secretary □ Treasurer □Other \_\_\_\_\_ □Other \_\_\_\_\_ □Other \_\_\_\_\_ □Other \_\_\_\_\_ □ Chairman Name: □ Chairman Name: □Vice Chairman Address: \_\_\_\_\_ □ Vice Chairman Address: □ Director Director □ President President □Vice President □ Vice President □Treasurer □ Secretary □ Treasurer □ Secretary □Other □Other \_\_\_\_\_ □Other \_\_\_\_\_ □Other □ Chairman ☐ Chairman Name: \_\_\_\_\_ Name: □Vice Chairman Address: \_\_\_\_\_ □Vice Chairman Address: □ Director □Director □President □President $\odot$ ☐ Vice President \_\_\_\_\_ □ Vice President □Treasurer □ Secretary □Treasurer □ Secretary □Other \_\_\_\_\_ □Other \_\_\_\_\_ DOther \_\_\_\_\_ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the judex when filing your Florida Department of State Annual Report form. 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.

, Kenneth Shapiro, Vice-President

#### Secretary of The State of Connecticut

I, the Secretary of The State of Connecticut, and keeper of the seal thereof. DO HEREBY CERTIFY, that the certificate of incorporation of

#### PHARMACAL RESEARCH LABORATORIES, INC.

a domestic STOCK corporation, was filed in this office on June 01, 1976, a certificate of dissolution has not been filed, the corporation has filed all annual reports, and so far as indicated by the records of this office such corporation is in existence.

Secretary of The State of Connecticut

in Menk

Date Issued: June 26, 2020

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