ACCOUNT	NO.	•	072100000032
12000111	110.	•	0/210000000

REFERENCE :

131812

6099A

AUTHORIZATION :

COST LIMIT : \$ 35.00

ORDER DATE: February 11, 1999

ORDER TIME : 11:24 AM

ORDER NO. : 131812-005

CUSTOMER NO: 6099A

CUSTOMER: Ms. Glenda Bush-walker

Moyle Flanigan Katz Fitzgerald

P. O. Box 3888

West Palm Beach, FL 33402

FOREIGN FILINGS

NAME: MEDPHARM, INC.

700002782977--2

W99-4469

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_ CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Tamara Odom

95 FEB 22 FH 12: Ex



#### FLORIDA DEPARTMENT OF STATE

Katherine Harris Secretary of State

February 23, 1999

CSC

RES

Please give onginal submission date as file date.

RESUBMIT

SUBJECT: MEDPHARM, INC. Ref. Number: W99000004463

Please give eriginal su≱missien date as file date.

consider this authorize

We have received your document(s) in this office, however, a copy of the document is being returned for the following:

The name designated in your document is not available. Therefore, the corporation must adopt an alternate name for use in the state of Florida. To adopt an alternate name the corporation must submit a corporate resolution by the board of directors adopting the alternate name for use in the state of Florida. Please note the corporate resolution must be signed by the chairman, vice chairman, or an officer of the corporation. The alternate name must contain a corporate suffix. Such suffixes include: Corporation, Corp., Incorporated, Inc., Company, and CO.

Please RETURN ALL DOCUMENTATION to the ATTENTION of the DOCUMENT SPECIALIST indicated.

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) 487-6097.

Michael Mays Document Specialist

Letter Number: 099A00008167

DIVISING PARY OF STATE OF STAT

# RESOLUTION OF BOARD OF DIRECTORS

(Please print or type)

I, the undersigned	Joseph Trentin		, do hereby certify
that this Resolution of	the Board of Directors of	MEDPHARM INC.,	a Delaware corporation
	(Corpora	ne Name)	
a corporation duly org	anized and existing under the	laws of the State of De	laware
was duly adopted on _	February 24	·	, 19 <u>99</u> ,
Be it resolved, that		·	<u> </u>
organized and existing	in the State of Delaward		hereby adopts the Figure 17/18
MEDITARY OF PAR	Derson Cookin, INC.		for use in Florida. OF ST
Dated February	Signature of either Chairman.  Joseph Trent	vice Chairman or any officer in, Vice President until name	TIONS

## 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.

	<u>MedPharm</u>							
	(Name of corpo	ration; must include the wo	ord "INCORPO	RATED", "C	OMPANY", "	CORPORATION" of	r	
		viations of like import in la						
	natural person of	or partnership if not so cont	ained in the nar	me at present	)	-		
	-			•	•			
	<b>~</b> 3							
2.	Delaware			3	52=191009			- -
(	(State or country	under the law of which it	is incorporated	)	(FEI 1	number, if applicable)		
		-				,		
4.		ification	5	In pe	rpetuity			
	(Dat	e of incorporation)		(Duration:	Year corp. will	cease to exist or "per	petual")	
	2 /5 /00			ē			-	
6.		<del></del>				·		
	(Date first	transacted business in Flo	rida.) (SEE SE	CTIONS 607	.1501, 607.150	2 and 817.155, F.S.)		
_	1776 V CL.							
7.	T/10 V 20	ceet NW, Suite 700,	Washingto	on, DC 2	)006 <b>–</b> 2304_			
		(C	urrent mailing	address)				
								0
0	All legal	purposes					99	<u>-</u>
٥.		s) of corporation authorized	d in home state	on country to	ha comical cut	in 4444 (C771 - 1312)		<del>- 1</del> 8
	(Furpose)	s) of corporation authorized	u in nome state	or country to	be carried out	in state of Florida)	쯦	24 24 3 24 3 2 4 4 4 4 4 4 4 4 4 4 4 4 4
Λ	Name and str	eet address of Florida 1			) 3 (- 11 T	D MOT	$\dot{\omega}$	걸고
<b>J.</b>	Name and Su	eet address of Florida	registeren ag	ени: (Р.О. 1	sox or Mail L	rop Box NOT acce	ptablep	- <del></del>
	NT.	Michael I Galasta	77				PH	- 유입
	Name:	Michael J. Sabate	ITO, IV, E	<u>squire</u>	-		-5-	<del> </del>
~ ~	·	625 M Florier D-	O.1	.=		-	2: 3 <u>1</u>	- 33
Of.	fice Address:	625 N. Flagler Dr	ive, 9th F	toor	a	:	3	<del>- 5</del> m -
		West Palm Beach						တ်
		West Pain Beach		,	Florida, <u>33</u> 4	40L		
					Florida, <u>334</u> Zip co	ode)		
					•			
10.	Registered a	gent's acceptance:						
	Ü							
Ha	vina hoon nama	d as registered agent and t	to accent comic	a of process	for the above o	stated composation at	den mines d	
this	annlication 1	hereby accept the appointn	o uccepi sei vio nont ac roaistor	e oj process ed agent and	agree to get i	nuieu corporanon an i n this canacity - I furt	ne piace ai	esignatea in
witi	h the provisions	of all statutes relative to t	he proper and .	ca ageni and complete per	agree wati ii formance of m	n ans cupacuy. I juri v dutics and I am fa	ner agree i m:1::+L	o compiy
the	obligations of i	ny position as registered a	ne proper ana i cent	compiete per	ormance of m	y uanes, ana 1 am ja	нииг жип	апа ассері
	TING WILLIAM OF F	/ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \						
		/ 11/	<b>X</b> }					
			Registered ager	nt's signature	<u></u>	_		<del>-</del> .
			Rogistored ager	r a signature	•			

12. Names and addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable)

which it is incorporated.

11. 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

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 Chairn	ian'	
	nan:	
-88:		
tor:	ANDRIW KOUAL	
ess: 1	776 K. St. NW #808	
	Vashington De 20006	
ctor:	Tosoph Trentin	
dress: 🔟	1776 K. St. NW # 800	
_(	Nashington DC 20006	
OFFIC	ERS (Street address only - P.O. Box NOT acceptable)	
ident: _	Andrew J. Koval	<u>-</u>
iress:	1776 K Street NW, Suite 700	
	Washington, DC 20006-2304	·
e Preside	nt: Joseph Trentin	\$ <b>9 9 9</b>
dress:	1776 K Street NW, Suite 700	FEB.
	Washington, DC 20006-2304	23
retary: _		390
lress:		2: 3
		** **S
surer: _		
ress:		
<del></del>	1	
TTP. TC.	ecessary, you may attach an addendum to the application listing additional officers and/or direct	ctors.
TE: If r		-

### State of Delaware

PAGE

#### Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MEDPHARM 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 EIGHTEENTH DAY OF FEBRUARY, A.D. 1999.

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



Edward J. Freel, Secretary of State

**AUTHENTICATION:** 

DATE:

9583381

02-18-99

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