

CORPORATION NAME (S) AND DOCUMENT NUMBER (S):

TheraTech Ventures, LLC

·	
Filing Evidence ☑ Plain/Confirmation Copy	Type of Document
☐ Certified Copy	□ Certificate of Good Standing □
	□ Articles Only □ Articles On
Retrieval Request Description:	□ All Charter Documents to Include Articles & Amendments □ Fictitious Name Certificate
□ Certified Copy	□ Other
NEW FILINGS	AMENDMENTS Amendment Resignation of RA Officer/Director
Profit	Amendment
Non Profit	Amendment Resignation of RA Officer/Director
Limited Liability	Change of Registered Agent
Domestication	Dissolution/Withdrawal
Other	Merger
	1000064633018
OTHER FILINGS	REGISTRATION/QUALIFICATION*****125.00 ****125.00
Annual Reports	X Foreign
Fictitious Name	Limited Liability
Name Reservation	Reinstatement
Reinstatement	Trademark
	Other

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

		liability company)			
Tennessee	3. 62	-1761402	<u>. </u>		
Jurisdiction under the law of which foreign limited liability company is organized)		(FEI number, if applicable)			
11/20/98		rpetual			
(Date of Organization)	(]	Duration: Year limited liability company exist or "perpetual")	will ceas	se to	
4/15/02 (Date first transacted business in Florida. (Se		(00 501 500 502 and 017 155 E.C.	<u></u>		
(Date first transacted business in Florida. (Se	ee secuc	ons 608.301, 608.302, and 817.133, r.s.		ر 2	
200 31st Avenue North, Suite 100			<u> 28,</u>	<u>=</u>	 -
			X.₹	_	***
Nashville, TN 37203		- 1- cc - \	<u>- 883-</u>		*
(Street addres	ss of pri	ncipal office)		P	i E
If limited liability company is a manager-managed	d com	pany, check here 🗷	S JATI LORIC	61:1	•
The name and usual business addresses of the ma	maoino	members or managers are as fol	lows:	9	
The name and usual ousiness addresses of the ma	uru Sirre	2 momodia or managera are as re-		-	
David G. McClellan, 200 31st Avenue North,	Suite	100, Nashville, TN 37203			
Rock A. Morphis, 200 31st Avenue North, Sui	te 100), Nashville, TN 37203			
i I a Carta Carina and Ann C	M der n	ald dalk or therefored by the official box	ina austad	u ofre	- - -
. Attached is an original certificate of existence, no more than 9	90 days	old, duly authenticated by the official have	ing custod	y of rec	cord
the jurisdiction under the law of which it is organized. (A phe	ююсору	is not acceptable. If the certificate is in a	ing custod foreign lar	y of rec nguage	cord , a
Attached is an original certificate of existence, no more than 9 the jurisdiction under the law of which it is organized. (A phetranslation of the certificate under oath of the translator must be	ююсору	is not acceptable. If the certificate is in a	ing custod foreign lar	y of rec nguage	cord , a
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the jurisdiction under the law of which it is organized. (A phe translation of the certificate under oath of the translator must be. Nature of business or purposes to be conducted the leasing	otocopy be subm or pro	vis not acceptable. If the certificate is in a nitted.)	foreign lar	y of rec nguage	conc ; a

Typed or printed name of signee

an affirmation under the penalties of perjury that the facts stated herein are true.)

David G. McClellan

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability (Company is:	
Theratech Ventures, LLC	<u> </u>	
2. The name and the Florida street add	dress of the registered agent and office ar	re:
	NRAI Services, Inc.	
	(Name)	
Florida str	526 East Park Avenue eet address (P.O. Box <u>NOT</u> ACCEPTABLE)	
Tallahassee	e ፑፒ 32301 .	
	(City/State/Zip)	

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.

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\$:	100.00	Filing Fee for Application
\$	25.00	Designation of Registered Agent
\$	30.00	Certified Copy (optional)
\$	5.00	Certificate of Status (optional)

Secretary of State Division of Business Services 4 312 Eighth Avenue North 6th Floor, William R. Snodgrass Tower Nashville, Tennessee 37243

TSSUANCE DATE: 07/09/2002 REQUEST NUMBER: 02190148 TELEPHONE CONTACT: (615) 741-6488

CHARTER/QUALIFICATION DATE: 11/20/1998 STATUS: ACTIVE CORPORATE EXPIRATION DATE: PERPETUAL CONTROL NUMBER: 0360971 JURISDICTION: TENNESSEE

SHERRARD & ROE 424 CHURCH STREET SUITE 2000 NASHVILLE, TN 37219

REQUESTED BY: SHERRARD & ROE 424 CHURCH STREET SUITE 2000 NASHVILLE, TN 37219

CERTIFICATE OF EXISTENCE

I, RILEY C DARNELL, SECRETARY OF STATE OF THE STATE OF TENNESSEE DO HEREBY CERTIFY THAT

"THERATECH VENTURES, LLC"

A LIMITED LIABILITY COMPANY DULY FORMED UNDER THE LAW OF THIS STATE WITH DATE OF FORMATION AND DURATION AS GIVEN ABOVE; THAT ALL FEES, TAXES, AND PENALTIES OWED TO THIS STATE WHICH AFFECT THE EXISTENCE OF THE LIMITED LIABILITY COMPANY HAVE BEEN PAID: THAT THE MOST RECENT LIMITED LIABILITY ANNUAL REPORT REQUIRED HAS BEEN FILED; THAT ARTICLES OF DISSOLUTION HAVE NOT BEEN FILED; AND THAT ARTICLES OF TERMINATION OF THE EXISTENCE HAVE NOT BEEN FILED.

FOR: REQUEST FOR CERTIFICATE

ON DATE: 07/09/02

\$0.00

SHERRARD & ROE (424 CHURCH ST.) 424 CHURCH STREET SUITE 2000 NASHVILLE, TN 37219-0000

TOTAL PAYMENT RECEIVED:

RECEIVED:

\$40.00

RECEIPT NUMBER: 00003110488 ACCOUNT NUMBER: 00092398

FEES \$40.00



RILEY C. DARNELL SECRETARY OF STATE

SS-4458