## M.02000002500 INTERNATIONAL PHARMACEUTICAL EXCHANGE, L.L.C.

FIRST NATIONAL BANK OF COMMERCE BUILDING 210 BARONNE STREET, SUITE 1800 NEW ORLEANS, LOUISIANA 70112 TELEPHONE - 504.525.4361 FACSIMILE - 504.525.4380

Friday, September 06, 2002

VIA U.S. MAIL

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

> RE: Application of International Pharmaceutical Exchange, L.L.C. Transact Business in the State of Florida

Dear Registration Officer:

Enclosed please find the above referenced application, an original certificate of existence from the Secretary of State of Louisiana, and a certified check in the amount of one hundred and fifty-five dollars (\$155.00) made payable to the Florida Department of State. The funds are to cover the filing fee for application, designation of registered agent, and a certified copy of the certificate issued by your department.

Upon completion of processing, please send all documentation to the address atop this correspondence. Should have any questions or this application be incomplete in any way, please contact the undersigned.

I am.

900007893069--1 -03/20/02--01038--009 \*\*\*\*155.00 \*\*\*\*155.00

Respectfully,

Bryan P. Barrios, Managing Member

I.P. Exchange, L.L.C.

Enclosures:

Application of Foreign Limited Liability Company to Transact Business Louisiana Secretary of State Letter of Existence for I.P. Exchange L.L.C.

Certified Check in the amount of \$155.00

BPB/

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

	7 02				
IN COMPLIANCE WITH SECTION 608.503, FLORIDA S LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS					
1 International Pharmaceutical Exchange					
(Name of fo	oreign limited liability company)				
2. Louisiana	3. 73-1655872				
(Jurisdiction under the law of which foreign limited lia company is organized)	bility (FEI number, if applicable)				
4. August 30, 2002	5. Perpetual				
(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")				
6. Upon Qualifiction	CE S				
(Date first transacted business in Florid	la. (See sections 608.501, 608.502, and 817.155, \$.)				
7. 210 Baronne Steet, Suite 1800	SSE SSE				
New Orleans, LA 70112	address of principal office)				
(Street	address of principal office)				
8. If limited liability company is a manager-ma	_ > \sqrt{1}				
9. The name and usual business addresses of th	e managing members or managers are as follows:				
Bryan P. Barrios, Managing Member	Brad L. Sorenson, Director of Sales				
210 Baronne Street, Suite 1800	5370 N.W. 35th Terrace, Suite 111				
New Orleans, LA 70112	Ft. Lauderdale, FL 33309				
	than 90 days old, duly authenticated by the official having custody of records in (A photocopy is not acceptable. If the certificate is in a foreign language, a must be submitted.)				
11. Nature of business or purposes to be condu	cted or promoted in Florida:				
Wholesale Legend Drug Distribution	<b>\</b>				
(In accordance with section 608.4	r an authorized representative of a member.  108(3), F.S., the execution of this document constitutes as of perjury that the facts stated herein are true.)				
Bryan P. Barrios, Mar	naging Member				
Typed or printed name of signee					

## 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:		7.A.	20	
International Pharmaceutical Exchange, L.L.C			SEP	***
2.	2. The name and the Florida street address of the registered agent and office are:		20 PM	
	Brad L. Sorenson		2:5	
	(Name)	<del></del>	S)	
	5370 N.W. 35th Terrace, Suite 111			
Florida street address (P.O. Box NOT ACCEPTABLE)				
	Ft. Lauderdale, FL 33309			
	(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.

signature)

\$ 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

As Secretary of State, of the State of Louisiana, I do hereby Certify that

INTERNATIONAL PHARMACEUTICAL EXCHANGE, L.L.

A LOUISIANA limited liability company domiciled at WEW ORLEANS,

Filed charter and qualified to do business in this August 30, 2002,

I further certify that the records of this Office indicate the company has paid all fees due the Secretary of State, and so far as the Office of the Secretary of State is concerned, is in good standing and is authorized to do business in this State.

I further certify that this certificate is not intended to reflect the financial condition of this company since this information is not available from the records of this Office.

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

september 6, 2002

JCO 35331629K State

