

M03000003655

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

10/31 FOR LC

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H03000308418 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

MJH

To:
Division of Corporations
Fax Number : (850) 205-0383

From:
Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.
Account Number : 075350000353
Phone : (212) 431-5000
Fax Number : (212) 431-1441

RECEIVED
03 OCT 31 PM 2:42

RECEIVED
03 OCT 31 PM 2:42
TALLAHASSEE FLORIDA

FOREIGN LIMITED LIABILITY COMPANY

UNIVERSAL CAPSULES LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

RECEIVED
03 OCT 31 AM 10:25
TALLAHASSEE FLORIDA

03 OCT 31 AM 10:25

FILED

Electronic Filing Menu

Corporate Filing

Public Access Help

#03000 3084183

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

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

1. UNIVERSAL CAPSULES LLC

(Name of foreign limited liability company)

2. DELAWARE(Jurisdiction under the law of which foreign limited liability
company is organized)

3. _____

(FEI number, if applicable)

4. AUGUST 23, 1999

(Date of Organization)

5. PERPETUAL(Duration: Year limited liability company will cease to
exist or "perpetual")6. UPON QUALIFICATION

(Date first transacted business in Florida. (See sections 608.501, 608.502, and 617.135, F.S.))

7. 400F CORPORATE COURT, SOUTH PLAINFIELD, NJ 07080-0378

(Street address of principal office)

8. If limited liability company is a manager-managed company, check here ☒

9. The name and usual business addresses of the managing members or managers are as follows:

PRAKASH HINGORANI, 400F CORPORATE COURTSOUTH PLAINFIELD, NJ 07080-0378

10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in
the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a
translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: Empty Hard Gelatin/Non-Gelat
Capsules, Equipments, Spares, and Packaging Films for Pharmaceuticals and Nutraceutical
Industry

Signature of a member or an authorized representative of a member.
(In accordance with section 608.408(3), F.S., the execution of this document constitutes
an affirmation under the penalties of perjury that the facts stated herein are true.)

PRAKASH HINGORANI, MANAGER

Typed or printed name of signer

FILED
03 OCT 31 AM 10:25
TALLAHASSEE FLORIDA

**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:

UNIVERSAL CAPSULES LLC

2. The name and the Florida street address of the registered agent and office are:

PRAKASH HINGORANI

(Name)

8708 HARNEY ROAD

Florida street address (P.O. Box NOT ACCEPTABLE)

TAMPA

FL 33610

(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.

CPD Hingorani

(Signature)

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

Delaware

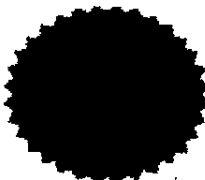
PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "UNIVERSAL CAPSULES LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRTIETH DAY OF OCTOBER, A.D. 2003.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "UNIVERSAL CAPSULES LLC" WAS FORMED ON THE TWENTY-THIRD DAY OF AUGUST, A.D. 1999.

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



Harriet Smith Windsor
Harriet Smith Windsor, Secretary of State

3086776 8300

AUTHENTICATION: 2719557

030696670

DATE: 10-30-03