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Florida Department of State  
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## From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
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## FOREIGN LIMITED LIABILITY COMPANY

## Proclinical Aseptic Manufacturing, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
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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. ProClinical Aseptic Manufacturing, LLC  
(Name of foreign limited liability company)
2. Commonwealth of Pennsylvania  
(Jurisdiction under the law of which foreign limited liability company is organized)
3. Applied For  
(PEI number, if applicable)
4. September 2, 2003  
(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 817.153, F.S.))
7. 300 Kimberton Road  
Phoenixville, PA 19460  
(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:

Gary Casey 300 Kimberton Road, Phoenixville, PA 19460

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: pharmaceutical  
services including preparation, testing and management of clinical supplies

Signature of a member or an authorized representative of a member.  
(In accordance with section 608.408(2), F.S., the execution of this document constitutes  
an affirmation under the penalties of perjury that the facts stated herein are true.)

MANAGER

Typed or printed name of signee

SECRETARY OF STATE  
CORPORATE SERVICES DIVISION

03 NOV 12 AM 11:38

AND  
FILED

**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:

ProClinical Aseptic Manufacturing, LLC

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

C T Corporation System

(Name)

1200 South Pine Island Road

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

Plantation

FL

33324

(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.*

Korri A. Behler  
(Signature)

**KORRI A. BEHLER**  
Special Assistant Secretary

Korri A. Behler

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

FILED  
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STATE OF FLORIDA  
CLERK OF THE COURT

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF STATE

November 07, 2003

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

PROCLINICAL ASEPTIC MANUFACTURING, LLC

is duly organized as a Pennsylvania Limited Liability Company under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein



IN TESTIMONY WHEREOF, I  
have hereunto set my hand and  
caused the Seal of the  
Secretary's Office to be affixed,  
the day and year above written.

*Debra C. Rente's*

Secretary of the Commonwealth

dboyer