M05000001754

00855-0047-09963

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer: H5 F0CCC					
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Office Use Only

My Jacoby



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MJH

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TRANSMITTAL LETTER

TO: Registration Section

Division of Corporations

Tallahassee, Florida 32399

Enclosed is a check for the following amount:

□ \$125.00 Filing Fee

□ \$130.00 Filing Fee &

Certificate of Status

Tallahassee, Florida 32314

Certified Copy

 \square \$155.00 Filing Fee & \qquad **Z** \$160.00 Filing Fee, Certificate

of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

March 1, 2005

MOTHRA HOLDING COMPANY, LLC RELIANCE PHARMACEUTICALS, LLC 110 OSCEOLA CT. WINTER PARK, FL 32789

SUBJECT: RELIANCE PHARMACEUTICALS, LLC

Ref. Number: W05000010544

We have received your document for RELIANCE PHARMACEUTICALS, LLC and your check(s) totaling \$160.00. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return 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) 245-6967.

Michelle Hodges Document Specialist

Letter Number: 105A00014238

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:

Reliance Pharmaceuticals, LLC					
(Name of Foreign Limited	Lia	bility Company)			-
Nevis, West Indies	3.	42-1641575			
(Jurisdiction under the law of which foreign limited liability company is organized)	,	(FEI number, if applicabl	e)		-
July 8, 2004 (Date of Organization)	5.	Perpetual 70 11 12 12 12 12 12 12 12 12 12 12 12 12			_
(Date of Organization)		(Duration: Year limited liability compaexist or "perpetual")	ny wili c	ease to	
No transactions have occurred to date.					
(Date first transacted business in I (See sections 608.501 & 608.502 F.	lori S. t	da, if prior to registration.) o determine penalty liability)		-	-
110 Osceola Ct.					_
Winter Park, FL 32789					
(Street Addres	s of	Principal Office)			•
If limited liability company is a manager-manage	d c	ompany, check here 🔽			
The name and usual business addresses of the ma	nag	ing members or managers are as fo	ollows:	05 4	
Mothra Holding Company, LLC, Manager			<u>.</u>	التات التات	-
110 Osceola Ct				2	·
Winter Park, FL 32789					-
			4	<u>5</u>	•
Attached is an original certificate of existence, no more than 90	O da	ys old, duly authenticated by the official hav	ing custo	dy of rec	orc
e jurisdiction under the law of which it is organized. (A photoconslation of the certificate under oath of the translator must be sul	py i	s not acceptable. If the certificate is in a fore	agn lang	uage, a	
station of the confidence under oath of the translator must be suf	OITI	160.)			
. Nature of business or purposes to be conducted	or p	romoted in Florida: Pharmaceutica	l Sales		
	-				•
Gathryn . St	u	de			
/ Signature of a frember or an a	uth	orized representative of a member. the execution of this document constitutes			
an affirmation under the penalties of pe					

Mothra Holding Company, LLC by Kathryn Gouda Manager

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 nam	e of the Limited Liability	Company is:	
Reliance Pha	armaceuticals, LLC		
2. The nam	e and the Florida street add	dress of the registered agent and offic	ce are:
	Lawrence T. Stormes		
		(Name)	
	110 Osceola Ct.		
	Florida Stre	et Address (P.O. Box NOT ACCEPTABLE)	
	Winter Park	FL 32789	
		City/State/Zip	·
liability comp agent and ag relating to th	pany at the place designated gree to act in this capacity. He proper and complete perj	and to accept service of process for the din this certificate, I hereby accept the I further agree to comply with the proformance of my duties, and I am familiagent as provided for in Chapter 608,	e appointment as registered visions of all statutes iar with and accept the

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

ISLAND OF NEVIS OFFICE OF THE REGISTRAR OF COMPANIES

CERTIFICATE OF GOOD STANDING

I HEREBY CERTIFY that

Reliance Pharmaceuticals, LLC

was duly formed and existence commenced under the provisions of the Nevis Limited Liability Company Ordinance 1995, as amended, on

8th July, 2004

I FURTHER CERTIFY that according to the records of this office the said company is in Good Standing and has legal existence as of the date below shown.

Given under my Hand & Seal at Charlestown This 11th March, 2005

Registrar of Companies

CGL1M2

No. L 6386

