

05/25/2005 12:21 135 222 3428

CTCORPORATIONSYSTEM

PAGE 01/04

Division of Corporations

Page 1 of 1

MO500000

283

Florida Department of State  
Division of Corporations  
Public Access System

Electronic Filing Cover Sheet

**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.**

(((H05000131950 3)))

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

To:

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

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : PCA000000023  
Phone : (850)222-1092  
Fax Number : (850)878-5926

**FOREIGN LIMITED LIABILITY COMPANY**

Omni Pharmaceutical, LLC

|                       |          |
|-----------------------|----------|
| Certificate of Status | 0        |
| Certified Copy        | 0        |
| Page Count            | 04       |
| Estimated Charge      | \$125.00 |

Electronic Filing Menu

Corporate Filing

Public Access Help

05 MAY 25 AM 10:09  
RECEIVED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
05 MAY 25 PM 2:10  
DIVISION OF CORPORATION

05/25/2005 12:21 18502229428  
05/25/2005 11:18 9544760150  
MAY-23-2005 15:29

CT CORPORATION SYSTEM  
CT CORPORATION

PAGE 02/04  
PAGE 04/05  
P.02/04

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

*IN COMPLIANCE WITH SECTION 605.08, FLORIDA STATUTES THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN  
LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:*

1. OMNI PHARMACEUTICAL, 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. November 12, 2004  
(Date of Organization)
5. Perpetual  
(Duration: Year limited liability company will cease to exist or "perpetual")
6. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 608.501 & 608.502 F.S. to determine penalty liability)
7. 201 Alhambra Circle, Suite 701  
Coral Gables, Florida 33134-5108  
(Street Address of Principal Office)

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

05 MAY 25 AM 10:09

FILED

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:

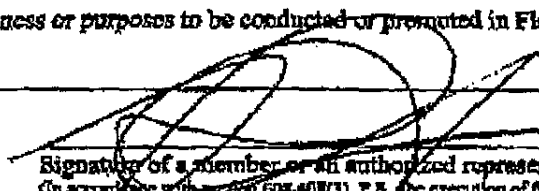
Karim Pirani

201 Alhambra Circle, Suite 701

Coral Gables, Florida 33134-5108

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: Manufacturing

  
Signature of a member or an authorized representative of a member.  
(In accordance with section 605.408(1), F.S., the execution of this document constitutes an affirmation under the penalty of perjury that the facts stated herein are true.)

Robert A. Chavez

Typed or printed name of signer

05/25/2005 12:21 18502229428  
05/25/2005 '11:18' 9544760158  
MRY-23-2005 15:29

CTCORPORATIONSYSTEM  
CT CORPORATION

PAGE 03/04  
PAGE 05/05  
P.04/04

### 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:

OMNI PHARMACEUTICAL, LLC

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

CT Corporation System  
(Name)  
1200 South Pine Island Road  
Florida Street Address (P.O. Box NOT ACCEPTABLE)  
Plantation FL 33324  
City/State/Zip

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

05 MAY 25 AM 10:09

FILED

*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, Florida Statutes.*

CT Corporation System

By: Barbara A. Burke  
(Signature)

BARBARA A. BURKE  
SPECIAL ASSISTANT SECRETARY

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

05/25/2005 12:21 18502229428  
05/25/2005 11:18 9544760158

CTCORPORATIONSYSTEM  
CT CORPORATION

PAGE 04/04  
PAGE 02/05

# Delaware

PAGE 1

*The First State*

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "OMNI PHARMACEUTICAL 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 TWENTY-FOURTH DAY OF MAY, A.D. 2005.

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



3880180 8300  
050426315

*Harriet Smith Windsor*  
Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 3900169

DATE: 05-24-05