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SECRETARY OF STATE OF CORPORATIONS
OF CORPORATIONS
OF ALIC 25 PH 12: 21

#### **COVER LETTER**

Registration Section
Division of Corporations

SUBJECT: GLOBAL PHARMACEUTICAL SOURCING, LLC

TO:

(Name of Limited Liability Company)					
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida					
Please return all correspondence concerning this matter to the following:					
CHARLES B. THOMAS, ESQ.					
(Name of Person)	. A.				
BEAN, KINNEY & KORMAN, PC	発品で				
(Firm/Company)					
BEAN, KINNEY & KORMAN, PC  (Firm/Company)  2000 North 14th Street, Suite 100  (Address)	FSTATE				
(Address)	OK'S				
Arlington, VA 22201					
(City/State and Zip Code)					
For further information concerning this matter, please call:					
Charles B. Thomas, Esq. at (703 ) 525-4000  (Name of Person) (Area Code & Daytime Telephone Number)					
MAILING ADDRESS: Division of Corporations P.O. Box 6327 Tallahassee, FL 32314  STREET ADDRESS: Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301					
Enclosed is a check for the following amount:  \$\Bigsiz \text{\$\sum_{\text{\$125.00}}\$ Filing Fee} \Bigsiz \text{\$\sum_{\text{\$130.00}}\$ Filing Fee & \$\Bigsiz \text{\$\sum_{\text{\$\$155.00}}\$ Filing Fee & \$\Bigsiz \text{\$\sum_{\text{\$\$160.00}}\$ Filing Fee, Certificate Certified Copy of Status & Certified Copy of Status					

### 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:

1	LOBAL PHARMACEUTICAL SOURCING, LLC
	(Name of Foreign Limited Liability Company)
	ARYLAND 3. 20-1350616
	isdiction under the law of which foreign limited liability (FEI number, if applicable) upany is organized)
4.	08-17-2004 <sub>5.</sub> Perpetual
	(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")
5.	une 15, 2006
	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
7.	500 N.W. 79th Avenue, # 203
	liami, FL 33122
	(Street Address of Principal Office)
8.	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)  500 N.W. 79th Avenue, # 203  liami, FL 33122  (Street Address of Principal Office)
9.	ne name and usual business addresses of the managing members or managers are as follows:
	esse M. Kessler 8101 Glenbrook Road, Bethesda, Maryland 20814
	- Cook M. Roddon C. D. P. Clorid Cook Rodd, Deliforda, Maryana 2007.
he.	ttached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in isdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a tion of the certificate under oath of the translator must be submitted.)
11.	Nature of business or purposes to be conducted or promoted in Florida: the marketing and
	holesale distribution of pharmaceutical products and all related activities not prohibited by law
·	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.)
	Jesse Kessler

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	1.	The name	of the	Limited	Liability	Company	is
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#### Global Pharmaceutical Sourcing, LLC

Z.	the name	and u	ne Flori	da stree	t address	of th	e regisi	tered age	ent and	office at	œ:

g g	D OFF
James M. Kessler	ALIG 25
(Name)	7 35
4161 N. Landar Drive	87 12: 2'
Florida Street Address (P.O. Box NOT ACCEPTABLE)	22
Lakeworth, FL 33463 FL	
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, Florida Statutes.

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

## STATE OF MARYLAND Department of Assessments and Taxation

I, PAUL B. ANDERSON OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO LIMITED LIABILITY COMPANIES OR THE RIGHTS OF LIMITED LIABILITY COMPANIES TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

1 FURTHER CERTIFY THAT GLOBAL PHARMACEUTICAL SOLUTIONS, LLC IS A LIMITED LIABILITY COMPANY EXISTING UNDER AND BY VIRTUE OF THE LAWS OF THE STATE OF MARYLAND, AND THAT THE LIMITED LIABILITY COMPANY IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING TO TRANSACT BUSINESS.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS AUGUST 24, 2006.

Paul B. Anderson Charter Division DIVISION OF CORPORATIONS



301 West Preston Street, Baltimore, Maryland 21201
Telephone Balto. Metro (410) 767-1340 / Outside Balto. Metro (888) 246-5941
MRS (Maryland Relay Service) (800) 735-2258 TT/Voice
Fax (410) 333-7097

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