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.

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TO:

Division of Corporations

fax Number : (850)617-6383

From:

Account Name + C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone

: (850)222-1092

Fax Number

: (850)878~5368

**Enter the email address for this business entity to be used for future ?? annual report mailings. Enter only one email address please. **

Email Address:

FLORIDA/FOREIGN LIMITED LIABILITY CO. Lung Rx LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$125.00

T. CLINE

EXAMINER

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Corporate Filing Menu

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1/12/2010

JAN 13 2010

COVER LETTER

TO:	Registration Section Division of Corporations	•
SUBJ	ECT: Lung Rx LLC Nami-of Limited Liability Company	
The on Existen	sclosed "Application by Parcign Limited Liability Company for Authorization to Transact Business in Florida, nee, and check are submitted to register the above referenced foreign limited liability company to transact business."	" Certificate of ness in Florida
Please	return all correspondence concerning this matter to the following:	•
	Jenny Isang Name of Person	
	United Therapeutics Corporation	
	10+0 Spring Street	SECRET
	Silver Spring, MD 25910 City/State and Zip Code	ARY ASSE
	1+Sam Qunither Com Esmail address: (to be used for future annual report notification)	
For fur	ther information concerning this matter, please call:	
	Tenny Tenna at 301 168-9392 Name of Person Area Code & Dayrime Telephone Number	
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Clifton Building Tallahassec, FL 32314 STREET ADDRESS: Division of Corporations Registration Section Clifton Building Tallahassec, FL 32301	
Enclo	sed is a check for the following amount:	
	\$125.00 Filing Fee \$\int \text{S130.00 Filing Fee & }\int \text{S155.00 Filing Fee & }\int \$\$\$\$\$\$\$\$\$\$\$ \$	

APPLICATION BY POREIGN 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 FOREKIN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LI.C.")
2. De la warf 3. 50-005 205 (Jurisdiction under the law of which foreign limited liability (PEI number, if applicable)
4. September 30, 2009 5. 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. IUI HANNEY ATA
Satellité Beach, FL 30937 (Street Address of Principal Office) 8 If limited liability company is a manager-managed company check here
The state of the s
9. The name and usual business addresses of the managing members or managers are as follows: United Three perdies Corporation
1040 Spring ST, Silver Spring MD 20910
10. Attached is an original certificate of existence, no more than 90 days old, duty 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 onth of the translator must be submitted.)
11. Nature of business or purposes to be conducted or promoted in Florida:
Business Development
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 penaltics of perjugy that the facts stated herein are true.)
Typed or printed name of signee

PLUST - 04/24/2007 C T Systos Dulles

CERTIFICATE OF DESIGNATION OF REGISTERED ACENT/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:	
Lung Rx LLC	·
If unavailable, the alternate to be used in the state of Florida is:	
2. The name and the Florida street address of the registered agent and office are:	
CT Corporation Systems	TALLARA
1200 South Pine Island Road Florida Street Address (P.O. Box NOT ACCEPTABLE)	N 12 AH
Plantation FL 33324 City/State/Zip	FLORIDA TO TO

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.

Asst. Secretary & V. President

\$ 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, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LUNG RX, 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 ELEVENTH DAY OF JANUARY, A.D. 2010.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LUNG RX,"
WAS FORMED ON THE ELEVENTH DAY OF SEPTEMBER, A.D. 1997.

2010 JAN 12 AH ID: 15
SERICTARY OF STATE

2795290 8300

100027649

AUTHENTICATION: 7750955

DATE: 01-11-10

You may varify this certificate onlinest corp. dolaware.gov/authver.shtml

William States