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C T CORPORATION SYSTEM

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM
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RECEIVED
10 MAY 26 PM 1:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Foreign Limited Liability Company
Sigmapharm Laboratories, LLC

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$125.00

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10 MAY 26 PM 8:02
SECRETARY OF STATE
DIVISION OF CORPORATIONS

T. HAMPTON

MAY 27 2010

EXAMINER

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SIGMAPHARM LABORATORIES, LLC.
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:

GEORGE DEMERGIS

Name of Person

SIGMAPHARM LABORATORIES, LLC.

Firm/Company

3375 PROGRESS DRIVE

Address

BENSALEM, PA, 19020

City/State and Zip Code

GDEMERGIS@SIGMAPHARM.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GEORGE DEMERGIS

Name of Person

at (215)

352-6655 EXT 225

Area Code & Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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. SIGMAPHARM LABORATORIES, LLC.
(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.," "LLC.")

2. PENNSYLVANIA 3. 20-2433641
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)
4. 02/28/2005 5. IN PERPETUITY
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")

6. Upon Filing
(Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability)
7. 3375 PROGRESS DRIVE
BENSALEM, PA, 19020
(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:

SPIRIDON SPIREAS, 3375 PROGRESS DRIVE, BENSALEM, PA, 19020

AMALIA KASSAPIDIS-SPIREAS, 3375 PROGRESS DRIVE, BENSALEM, PA, 19020

RAKESH GROVER, 3375 PROGRESS DRIVE, BENSALEM, PA, 19020

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: _____

DISTRIBUTION OF PHARMACEUTICAL PRODUCTS

Rakesh Grover
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.)

RAKESH GROVER

Typed or printed name of signee

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 MAY 26 PM 8:02

**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:

SIGMAPHARM LABORATORIES, 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:

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, Florida Statutes.

By:

C T Corporation System

(Signature)

Renee Cruz, Asst. Secretary

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

10 MAY 26 PM 8:02

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF STATE

APRIL 22, 2010

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

SIGMAPHARM LABORATORIES, 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.**

Pechio A. Cantis

Secretary of the Commonwealth

Certification Number: 8721851-1

Verify this certificate online at <http://www.corporations.state.pa.us/corp/soskb/verify.asp>