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COVER LETTER

TO:

	ration Section on of Corporation	S							
SUBJECT:		Star Ph	arma	ceutica	als, LLC			10 OCX	
SUBJECT					ility Compan	у		C 12	
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The enclosed "A Existence, and c	Application by Fo check are submitt	reign Limited Liabi ed to register the ab	lity Con ove refe	npany for renced for	Authorization eign limited	n to Trans liability o	sact Business in learning sact Business sact	act business in tho	
Please return all	correspondence	concerning this mat	ter to th	e followin	g:			S.	
•				m T. C		<u> </u>			
			N	ame of Pe	rson				
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	Firm/Company								
		200 Ea	st Las		vd, 19th F	loor			
				Address					
		For			FL 33301				
			City/S	tate and Z	ip Code				
		E-mail address: (to	be used	for futur	e annual repo	rt notific	ation)		
For further infor	rmation concerni	ng this matter, pleas	e call:						
		T. Coleman		at (<u>954</u>)_		522-2200		
	Name	of Person	Are	a Code &	Daytime Tel	ephone N	lumber		
	ING ADDRESS on of Corporation			ET ADDI on of Corp					
	Registration Section P.O. Box 6327			Registration Section Clifton Building					
	ox 6327 assee, FL 32314		2661 E		Center Circle 32301				
Enclosed is a	check for the	following amour	nt:						
 \$125	5.00 Filing Fee	\$130.00 Filing Certificate of		□ \$15	5.00 Filing F Certified (_		Fee, Certificate Certified Copy	

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: Star Pharmaceuticals, 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.") 26-2178670 Delaware (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) Perpetual February 28, 2008 (Date of Organization) (Duration: Year limited liability company will cease to N/A (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) 7. 1385 South Andrews Avenue Pompano Beach, FL 33069 (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: Roseanne Branciforte 1385 South Andrews Avenue Pompano Beach, FL 33069 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.) manufacture, sale and 11. Nature of business or purposes to be conducted or promoted in Florida: distribution of pharmaceuticals 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.) William T. Coleman

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 is:
Star Pharmaceuticals, 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:
William T. Coleman, Brinkley Morgan, LLP (Name)
200 East Las Olas Blvd, 19th Floor Florida Street Address (P.O. Box NOT ACCEPTABLE)
Fort Lauderdal Gity/State/Zip
200 East Las Olas Blvd, 19th Floor Florida Street Address (P.O. Box NOT ACCEPTABLE) Fort Lauderdal JFL 33301

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.

(Signature)

\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY THAT "STAR PHARMACEUTICALS, LLC" IS

DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN

GOOD STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN

CANCELLED OR REVOKED SO FAR AS THE RECORDS OF THIS OFFICE SHOW

AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

THE FOLLOWING DOCUMENTS HAVE BEEN FILED:

CERTIFICATE OF INCORPORATION, FILED THE FIRST DAY OF MAY,

A.D. 2007, AT 2:49 O'CLOCK P.M.

CERTIFICATE OF CONVERSION, CHANGING ITS NAME FROM "STAR

PHARMACEUTICALS, INC." TO "STAR PHARMACEUTICALS, LLC", FILED THE

SIXTH DAY OF MARCH, A.D. 2008, AT 2:38 O'CLOCK P.M.

CERTIFICATE OF FORMATION, FILED THE SIXTH DAY OF MARCH, A.D. 2008, AT 2:38 O'CLOCK P.M.

CERTIFICATE OF AMENDMENT, FILED THE THIRTY-FIRST DAY OF MARCH, A.D. 2009, AT 11:55 O'CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID

CERTIFICATES ARE THE ONLY CERTIFICATES ON RECORD OF THE

AFORESAID LIMITED LIABILITY COMPANY, "STAR PHARMACEUTICALS,

LLC".

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Jeffrey W. Bullock, Secretary of State

AUTHENTYCATION: 8229888

DATE: 09-15-10

You may verify this certificate online at corp.delaware.gov/authver.shtml

Delaware

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The First State

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

4344075 8310

100902427

AUTHENTICATION: 8229888

DATE: 09-15-10

You may verify this certificate online at corp.delaware.gov/authver.shtml