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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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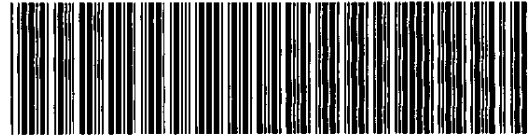
(Business Entry Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800187855118

11/22/10--01023--021 **160.00

12/29/10--01007--002 **638.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 DEC 28 AM 8:51

T. HAMPTON
DEC 28 2010
EXAMINER

12845-010

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Norgenix Pharmaceuticals, 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:

Charles B. Jimerson
Name of Person

Jimerson & Wilson, P.A.
Firm/Company

2124 Park Street
Address

Jacksonville, Fl. 32244
City/State and Zip Code

cjimerson@jimersonwilson.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Charles Jimerson at (904) 389-0050
Name of Person 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



JIMERSON & WILSON, P.A.

A Business Law, Creditors' Rights, Bankruptcy and Construction Litigation Law Practice

December 20, 2010

VIA U.S. MAIL

Tammy Hampton
Regulatory Specialist
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

**Re: Norgenix Pharmaceuticals, LLC – Civil Penalty and Annual
Report Filing Fees**

Dear Ms. Hampton:

Pursuant to your request, I am enclosing a check in the amount of \$638.75 payable to the Florida Department of State on behalf of my client, Norgenix Pharmaceuticals, LLC. Also, in accordance with your directives, I have enclosed a copy of your November 23, 2010 correspondence.

Because this obligation has been fulfilled, we respectfully request that Noregnix's Application for Authorization to Transact Business in Florida be filed in your offices.

Please let me know if I can be of further assistance.

Very truly yours,

Charles B. Jimerson, Esq.

CBJ/ecw

Enclosures: as stated



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

10 DEC 28 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

November 23, 2010

CHARLES B JIMERSON
JIMERSON & WILSON, PA
2124 PARK ST
JACKSONVILLE, FL 32244

SUBJECT: NORGENIX PHARMACEUTICALS, LLC
Ref. Number: W10000054821

We have received your document for NORGENIX PHARMACEUTICALS, LLC and your check(s) totaling \$160.00. However, the document has not been filed and is being retained in this office for the following:

According to the application submitted to this office, this entity transacted business in the state of Florida before properly registering with the Florida Department of State, Division of Corporations. Consequently, a \$500 civil penalty and an annual report filing fee for each year the entity failed to properly file a Florida annual report are due this office. Based on the date entered on the application, the civil penalty and annual report filing fees total \$638.75.

Please return a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton
Regulatory Specialist II

Letter Number: 010A00027455

**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. Norgenix 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.")

2. South Carolina

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 26-1990211

(FEI number, if applicable)

4. February 19, 2008

(Date of Organization)

5. Perpetual

(Duration: Year limited liability company will cease to exist or "perpetual")

6. January 19, 2009

(Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

7. 101 West Saint John Street, Spartan Centre, Suite 307

Spartanburg, SC 29306

(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:

JM Smith Corporation

101 W. Saint John Street, Suite 305

Spartanburg, SC 29306

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: _____

Any lawful purpose


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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Charles B. Jansson, ESQ.

Typed or printed name of signee

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 DEC 28 AM 8:51

**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:

Norgenix 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:

Charles B. Jimerson

(Name)

2124 Park Street


Florida Street Address (P.O. Box **NOT** ACCEPTABLE)

Jacksonville

FL 32204

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.

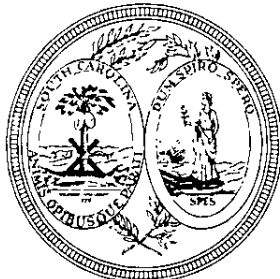


(Signature)

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 DEC 28 AM 8:51

The State of South Carolina




Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:

NORGENIX PHARMACEUTICALS, LLC, A Limited Liability Company duly organized under the laws of the State of South Carolina on February 19th, 2008, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to section 33-44-809 of the South Carolina Code, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great
Seal of the State of South Carolina this
24th day of September, 2010.


Mark Hammond, Secretary of State