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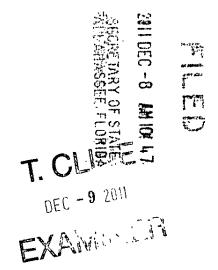
(Red	questor's Name)	
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PICK-UP	WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	Certificates	of Status
Special Instructions to Filing Officer:		
		<u>.</u>

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COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: Innocutis Holdings LLC		
, Nam	e of Limited Liability Company	
	lity Company for Authorization to Transact Business in Florida, ove referenced foreign limited liability company to transact busi	
Please return all correspondence concerning this mat	ter to the following:	
Art Waite		
	Name of Person	
Innocutis Holdings LLC		
Firm/Company		
171 Church St, Suite 140)	
	Address	
Charleston SC 29401		
	City/State and Zip Code	
awaite@innocutis.com		
E-mail address: (to	be used for future annual report notification)	吊 "
For further information concerning this matter, please call:		
Art Waite	数型 av 843) 965-8333 X 109 第日	
Name of Person	Area Code & Daytime Telephone Number	
MAILING ADDRESS:	STREET ADDRESS:	E CONTE
Division of Corporations Registration Section	Division of Corporations Registration Section	
P.O. Box 6327	Clifton Building	
Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301	
Enclosed is a check for the following amoun \$125.00 Filing Fee Certificate of State	& \$155.00 Filing Fee & \$160.00 Filing Fee, Certific	ate

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:

LIMITED LIABILITY COMEANY TO TRANSACT DUMINERS IN THE STATE OF PLONDA.
1. Innocutis Holdings 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 writte consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C," "LLC.")
2. Delaware (Jurisdiction under the law of which foreign limited liability company is organized) 3. 45-1549861 (FEI number, if applicable)
4. 3/28/11 (Date of Organization) 5. Perpetual (Duration: Year limited liability company will cease to exist or "perpetual")
6. No business conducted (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
7. 171 Church St Suite 140
Charleston SC 29401 (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:
9. The name and usual business addresses of the managing members or managers are as follows:
Joe Pecora 171 Church St Charleston SC 29401
Jonathan Alba 171 Church St Charleston SC 29401
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:
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 1 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.)

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 Comp	pany is:
Innocutis Holdings LLC	
If unavailable, the alternate to be used in th	ne state of Florida is:
2. The name and the Florida street address	of the registered agent and office are:
Joe Perry	
	(Name)
2328 High Street	
Florida Street Add	dress (P.O. Box NOT ACCEPTABLE)
Winter Park	FL 32792
	City/State/Zip
liability company at the place designated in tagent and agree to act in this capacity. I further relating to the proper and complete performs obligations of my position as registered agent	to accept service of process for the above stated limited this certificate, I hereby accept the appointment as registered ther agree to comply with the provisions of all statutes ance of my duties, and I am familiar with and accept the at as provided for in Chapter 608, Florida Statutes.
/ \$ 100.00 \$ 25.00	
\$ 25.00 \$ 30.00	
\$ 5.00	

Delaware

PAGE 1

The First State

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

DELAWARE, DO HEREBY CERTIFY "INNOCUTIS HOLDINGS, 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 SECOND DAY OF DECEMBER, A.D. 2011.

4960378 8300

111249499

AUTHENT CATION: 9196998

DATE: 12-02-11

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