M12000005882

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
·					





900240663199

SECRETARY OF STATE

RECEIVED

12 OCT 10 AM IO: 37

N. Culligan OCT 2 2 2012



ACCOUNT NO. : 12000000195					
REFERENCE : 375238 7897343					
AUTHORIZATION:					
COST LIMIT : \$ 125.00					
ORDER DATE: October 9, 2012					
ORDER TIME : 8:13 AM					
ORDER NO. : 375238-010					
CUSTOMER NO: 7897343					
FOREIGN FILINGS					
NAME: QUINNOVA PHARMACEUTICALS, LLC					
XXXX QUALIFICATION (TYPE: LL)					
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:					
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING					
CONTACT PERSON: Becky Peirce EXT# 62919					
EXAMINER:					

COVER LETTER

	tration Section on of Corporations			
SUBJECT: C	Quinnova Pharmaceuticals, LI			
	N	ame of Limited Liability Company		
The enclosed ". Existence, and	Application by Foreign Limited Licheck are submitted to register the	ability Company for Authorization to Transact Business in Florida," Certificate of above referenced foreign limited liability company to transact business in Florida		
Please return al	l correspondence concerning this n	natter to the following:		
	Jacques Krasny			
		Name of Person		
	Quinnova Pharmaceuticals,	LLC		
		Firm/Company		
	440 US Highway 22 East			
		Address		
	Bridgewater, NJ 08807			
		City/State and Zip Code		
dianeg@amnealenterprises.com				
	E-mail address:	(to be used for future annual report notification)		
For further info	rmation concerning this matter, ple	ase call:		
Diane	Grube	at (908) 947-3126		
	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		
	check for the following amo 0 Filing Fee \$\int_\$130.00 Filing F Certificate of St	ee & S155.00 Filing Fee & S160.00 Filing Fee, Certificate		

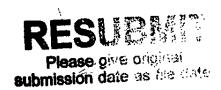


October 11, 2012

CSC BECKY PEIRCE

SUBJECT: QUINNOVA PHARMACEUTICALS, LLC

Ref. Number: W12000052282



We have received your document for QUINNOVA PHARMACEUTICALS, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable because it is the same as or not distinguishable from an existing entity. If the principals are the same in both entities, please send a letter or affidavit advising us of this association, along with your articles so that we may complete the filing process.

Please return your document, along with 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) 245-6051.

Neysa Culligan Regulatory Specialist II

Letter Number: 112A00025170

DEPARTMENT OF STATE



October 12, 2012

Secretary of State State of Florida Division of Corporations

Re: Approval to Use Name

Dear Sir or Madam:

Please consider this letter as our written approval and consent for Quinnova Pharmaceuticals, LLC to use that name as an LLC registered and doing business in the State of Florida.

Very truly yours,

QUINNOVA PHARMACEUTICALS, INC.

Jeffrey S. Day
President and CEO

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 COMPANY TO TRANSACT BUSINESS IN T.	HE SIATE OF FLORIDA:
1. Quinnova Pharmaceuticals, LLC	
(Name of Poreign Limited Liability Company; must in	nclude "Limited Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the pur consent of the managers or managing members adopting the a Company," "L.L.C," "LLC.")	rpose of transacting business in Florida and attach a copy of the writte alternate name. The alternate name must include "Limited Liability
Delaware (Jurisdiction under the law of which foreign limited liability company is organized)	3. 38-3865991 (FEI number, if applicable)
4 January 13, 2012 (Date of Organization)	5. Perpetual (Duration: Year limited liability company will cease to
6. N/A	exist or "perpetual")
(Date first transacted business in (See sections 608.501 & 608.502 F	Florida, if prior to registration.) S. to determine penalty liability)
7. 440 US Highway 22 East, Bridgewater, NJ 08807	
(Street Addre	ss of Principal Office)
3: If limited liability company is a manager-manage	ed company, check here 🛛
). The name and usual business addresses of the ma	anaging members or managers are as follows:
Jacques Krasny 440 US Highway 22 East, Bridg	gewater, NJ 08807
0. Attached is an original certificate of existence, no more than 90 ne jurisdiction under the law of which it is organized. (A photocoanslation of the certificate under oath of the translator must be sul	O days old, duly authenticated by the official having custody of records in opy is not acceptable. If the certificate is in a foreign language, a bmitted.)
1. Nature of business or purposes to be conducted of	or promoted in Florida:
Sales and distribution of pharmaceutical products	,
Angues 1h	Jen- uthorized representative of a member.
	ecution of this document constitutes an affirmation under the true. I am aware that any false information submitted in a
document to the Department of State constitute	es a third degree felony as provided for in s.817.155, F.S.)
Jacques Krasny, Manager	

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 nan	ne of the Limited Liability	Company is:	
Quinnova	Pharmaceuticals, LLC		
If unavailal	ble, the alternate to be used	l in the state of Florida is:	
2. The nam	ne and the Florida street ad	dress of the registered agent and office are	
	Corporation Service C		12 OC
		(Name)	量量工具
	1201 Hays Street		TIO #
	Florida Stre	eet Address (P.O. Box NOT ACCEPTABLE)	- F. S.
	Tallahassee	FL 32301	ANIO: 37 ANIO: 37 SSEE, FLORIDI
		City/State/Zip	 ,
liability com agent and ag relating to th	npany at the place designate gree to act in this capacity. he proper and complete perf	I_{0}	ointment as registered ns of all statutes ith and accept the ida Statutes.
	By: SLL/	1124	cky Peirce
	7	(Signature) Assistan	nt Vice President
	\$ 2 \$ 3	10.00 Filing Fee for Application 15.00 Designation of Registered Agent 10.00 Certified Copy (optional) 15.00 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 "QUINNOVA PHARMACEUTICALS, 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 NINTH DAY OF OCTOBER, A.D. 2012.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "QUINNOVA PHARMACEUTICALS, LLC" WAS FORMED ON THE THIRTEENTH DAY OF JANUARY, A.D. 2012.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

5095855 8300

121112607

AUTHENTYCATION: 9903581

DATE: 10-09-12

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