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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WG CRITICAL CARE, 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:

VINCE	NT DURANTE		BIDENT		
	Na	ime of Person			
WG CF	RITICAL CARI	E, LLC.			
Firm/Company					
120 RC	OUTE 17 NOR	TH			
		Address	···		
PARAN	/US, NJ 0765	2			
-	City/St	ate and Zip Code			
vdurant	e@worldgenr	x.com			
	E-mail address: (to be used	for future annual report noti	fication)		
For further information concerning	ng this matter, please call:				
VINCENT I	DURANTE	_{at} 201 , 857	'-8210		
Name	of Person Area	Code & Daytime Telephone	Number		
MAILING ADDRESS Division of Corporation		T ADDRESS: n of Corporations			
Registration Section P.O. Box 6327	_	ition Section			
Tallahassee, FL 32314	2661 E:	Building secutive Center Circle ssee, 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		



October 25, 2013

VINCENT DURANTE 120 ROUTE 17 NORHT PARAMUS, NJ 7652

SUBJECT: WG CRITICAL CARE, LLC Ref. Number: W13000059493

We have received your document for WG CRITICAL CARE, LLC and your check(s) totaling \$125.00. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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: 613A00024978

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:

L WG CRITICAL CARE, 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 NEW JERSEY ₃ 263-619-874/000
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)
4. DECEMBER 22, 2008 (Date of Organization) 5. PERPETUAL (Duration: Year limited flability company will cease to
exist or "perpetual") 6. UPON REGISTRATION
(Date first transacted business in Florida, if prior to registration.)
(See sections 608,501 & 608,502 F.S. to determine penalty liability) 7. 120 ROUTE 17 NORTH PARAMUS, NJ 07652
120 ROUTE 17 NORTH PARAMUS, NJ 07652
(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:
VINCENT DURANTE
120 ROUTE 17 NORTH, PARAMUS, NJ 07652
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:
NON-RESIDENT RX DRUG MANUFACTURER, ANY LEGAL 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.)
VINCENT DURANTE, VICE PRESIDENT

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:
	WG CRITICAL CARE, 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:

Incorp Services, I	nc.
	(Name)
17888 67th Court	North
Florida Street Addres	s (P.O. Box NOT ACCEPTABLE)
Loxahatchee	_{FL} 33470
	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.

Heather Nee for Incorp Services, Inc.

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

STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY DIVISION OF REVENUE AND ENTERPRISE SERVICES SHORT FORM STANDING

WG CRITICAL CARE, LLC

0600337047

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on December 22, 2008.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and registered office are:

Vincent Durante 120 Route 17 Nirth Paramus, NJ 07652



Certification# 130081818

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 1st day of November, 2013

Andrew P Sidamon-Eristoff
State Treasurer

Verify this certificate at https://www1.state.nj.us/TYTR_StandingCent/JSP/Verify_Cert.jsp