

M1400000/467

(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:

Office Use Only



300256235283

02/06/14--01028--003 **160.00

FILED

2014 MAR -5 PM 12:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H. Guffey

FEB 7 2014

COVER LETTER 1

**TO: Registration Section
Division of Corporations**

SUBJECT: American Pharmaceutical Ingredients, 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:

Jillene Doolkadir, Esq.

Name of Person

NuMed Care, LLC

Firm/Company

4800 N. Federal Hwy., Suite B200

Address

Boca Raton, Florida 33431

City/State and Zip Code

JDoolkadir@NuMedCare.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jillene Doolkadir, Esq. at (**561**) **847-3509**

Name of Contact 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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 7, 2014

JILLENE DOOLKADIR, ESQ.
NUMED CARE, LLC
4800 N. FEDERAL HWY., SUITE B200
BOCA RATON, FL 33431

SUBJECT: AMERICAN PHARMACEUTICAL INGREDIENTS, LLC
Ref. Number: W14000008304

We have received your document for AMERICAN PHARMACEUTICAL INGREDIENTS, 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:

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: 314A00002873

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO
TRANSACTION BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A
FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:*

1. American Pharmaceutical Ingredients, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

N/A

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Michigan

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

3. FDA FEI # 3010302040

(FEI number, if applicable)

4. N/A

(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 6650 Highland Rd., Unit 302

Waterford, Michigan 48327

(Street Address of Principal Office)

6. 4800 North Federal Hwy Suite A305

Boca Raton Florida 33431

(Mailing Address)

7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Karl Michael Jebailey, President & Owner

6650 Highland Rd., Unit 302

Waterford, Michigan 48327

8. 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)



Signature of an authorized person

(In accordance with section 605.0203, 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.)

Karl Michael Jebailey

Typed or printed name of signee

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

2014 MAR -5 PM 12:02

FILED

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), 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:

American Pharmaceutical Ingredients, 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:

Jillene Doolkadir, Esq.

(Name)

4800 N. Federal Hwy., Suite B200

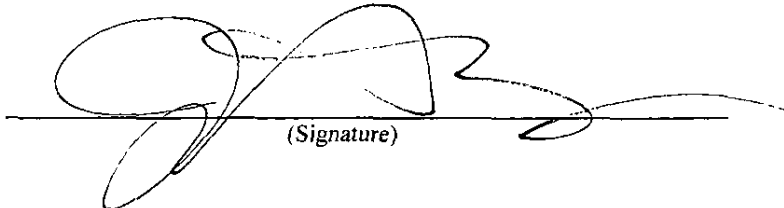
Florida Street Address (P.O. Box NOT ACCEPTABLE)

Boca Raton

FL 33431

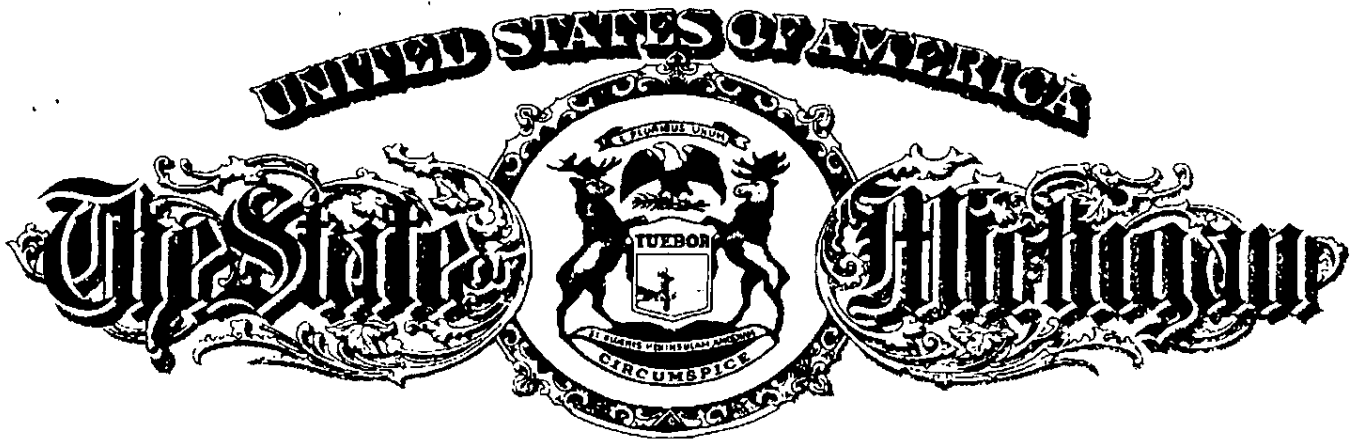
City/State/Zip

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 605, 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
2014 MAR -5 PM 12:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Department of Licensing and Regulatory Affairs

Lansing, Michigan

This is to Certify That

AMERICAN PHARMACEUTICAL INGREDIENTS LLC

was validly organized on March 18, 2013 as a Limited Liability Company. Said Limited Liability Company is validly in existence under the laws of this state and has satisfied its annual filing obligations.

This certificate is issued pursuant to the provisions of 1993 PA 23, as amended, to attest to the fact that the company is in good standing in Michigan as of this date.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.

*In testimony whereof, I have hereunto set my hand,
in the City of Lansing, this 21st day of February, 2014*

A handwritten signature in black ink, appearing to read "A. Schefke", is written over a horizontal line.

**Alan J. Schefke, Director
Corporations, Securities & Commercial Licensing Bureau**