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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

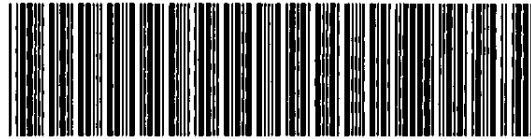
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/17/14--01033--014 **130.00

FILED
2014 MAR 17 PM 12:50
STATE CLERK OF SUPERIOR COURT
TALLAHASSEE, FLORIDA

MAR 18 2014
I CLINE



March 14, 2014

Via Overnight Mail

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

To Whom It May Concern:

Enclosed for filing, please find the Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida for PBM Nutritionals, LLC along with the following

1. Certificate of Designation of Registered Agent
2. Certificate of Good Standing from the Incorporation State
3. Check No. 404585 in the amount of \$130.00

If you have any questions, please do not hesitate to contact me.

Thank you for your assistance.

Very Truly Yours,

Perrigo Company

A handwritten signature in black ink, appearing to be "Lisa Ventline", written over the printed name and title.

Lisa Ventline
Paralegal

enclosure

FILED
2014 MAR 17 PM 12:51
SECRETARY OF STATE
TALLAHASSEE, FL 32304

515 Eastern Avenue
Allegan, MI 49010

Direct Dial: 269.673.9724
Facsimile: 269.673.1386
Lisa.Ventline@perrigo.com

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: PBM Nutritionals, 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:

Lisa Ventline

Name of Person

Perrigo Company

Firm/Company

515 Eastern Avenue

Address

Allegan, MI 49010

City/State and Zip Code

lisa.ventline@perrigo.com

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

For further information concerning this matter, please call:

Lisa Ventline

Name of Contact Person

at (**269**) **673-9724**

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

FILED
2014 MAR 17 PM 12:51
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

**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. **PBM Nutritionals, 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. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. **Delaware**

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

3. _____

(FEI number, if applicable)

4. _____

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

5. **204 N. Main Street**

Gordonsville, VA 22942

(Street Address of Principal Office)

6. **515 Eastern Avenue**

Allegan, Michigan 49010

(Mailing Address)


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

Joseph Papa, President, 515 Eastern Avenue, Allegan, MI 49010

Judy Brown, EVP, 515 Eastern Avenue, Allegan, MI 49010

Todd Kingma, Secretary, 515 Eastern Avenue, Allegan, MI 49010

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.)

Todd Kingma, Secretary

Typed or printed name of signee

**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:

PBM Nutritionals, 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:

Corporation Service Company

(Name)

1201 Hays Street

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

Tallahassee

FL 32301

City/State/Zip

2014 MAR 17 PM 12:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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.

Corporation Service Company

By:

Michele Henry
(Signature)

Michele Henry

Assistant VP

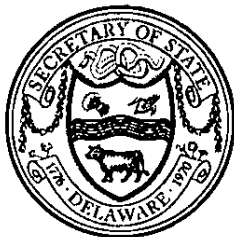
\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

Delaware

PAGE 1

The First State


I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PBM NUTRITIONALS, 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 TWENTY-SEVENTH DAY OF FEBRUARY, A.D. 2014.



3869529 8300

140260579

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


Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 1169142

DATE: 02-27-14