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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name

: C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone

: (850)222-1092

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**Enter the email address for this business entity to be used for fullifie annual report mailings. Enter only one email address please. ** 5

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Foreign Limited Liability Company Nexgen RxMarketing LLC

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T CLINE

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COVER LETTER

UBJEÇT:	NexGen RxMarketing, LLC	
		Name of Limited Liability Company
he enclosed kistence, at	d "Application by Poreign Lin nd check are submitted to regi	nited Liability Company for Authorization to Transact Business in Florida," Certificate ster the above referenced foreign limited liability company to transact business in Flori
lease return	all correspondence concernir	ng this matter to the following:
	Jeffrey Eiermann	
		Name of Person
	Meta Pharmaceutical Sen	rvices, LLC
		Firm/Company
	482 Norristown Road, St	Name of Person Projects, LLC Firm/Company Address Address
		Address ()
	Blue Bell, PA 19422	Address SATE
		City/State and Zip Code
	jeff.eiermann@metaphan	n.com
		il address: (to be used for finure annual report notification)
r further ir	nformation concerning this ma	nter, please call:
Jeff	frey Eiermann	at (610) 684-1083
	Nume of Contact	
	ILING ADDRESS:	STREET ADDRESS:
	ision of Corporations	Division of Corporations
_	istration Section . Box 6327	Registration Section Clifton Building
	nhassee, FL 32314	2661 Executive Center Circle Tallahassoc, Fl. 32301
7 401		E designations and a second
	s a check for the followir	•

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

IN COMPLIANCE WITH SECTION 603.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

TO THE STATE OF PLANTAL PORTING TO THE STATE OF PLOKIDA.	
Nex Gen RxMarketing, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.	111
the state of the s	, ,
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name mu	et include "Limited
Liability Company," "L.L.C," or "LLC.")	
2. Delaware 3 20-4889354	존음 를
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)	ZOIL POR
4 01/01/2014	E TA
(Date first transacted business in Florida, if prior to registration.)	- SE 1
(See medions 603.0904 & 603.0905, F.S. to defermine penulty liability)	
5 Two Greenwood Square, 3331 Street Road, Suite 200, Fort Washington, PA 19034	7
	THE PROPERTY OF
(Street Address of Principal Office)	
6. Meta Pharmaceutical Services, LLC	•
u,	
482 Norristown Road, Suite 200, Blue Bell, PA 19422	
(Malling Address)	
7. The name, title or capacity and address of the person(s) who has/have authority to manage	: is/are:
Mark Pollock, CPO, 482 Norristown Road, Suite 200, Blue Bell, PA 19422	
mank Follows, CFO, 100 Politistywij Russi, State 200, Blate Bell, FA 19722	
Mike Anthony, Director, Two Greenwood Square, 3331 Street Road, Suite 200, Fort Washington, PA 19034	
Jeffrey Elermann, Controller, 482 Norristown Road, Suite 200, Blue Bell, PA 19422	
8. Attached is an original certificate of existence, no more than 90 days old, duly authenticate	d by the official
having custody of records in the jurisdiction under the law of which it is organized. (A photoc	opy is not
acceptable. If the certificate is in a foreign language, a translation of the certificate under oath	
must be submitted)	
1112 4	
Signature of an authorized person (In accordance with section 605.0203, 25, the execution of this document constitutes an affirmation under the pencilies of perjuty that the	facts stated herein are true.
am aware that any false information dismitted in a document to the Department of State constitutes a third degree felony as provided for the	
Jeffrey Eiermann	
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.

If unavailable, the	alternate to be used in the	state of Florida is:	- F. 2
=	anonimo a oc uses in the	state of Frontag 15.	2014 ÆPR SECRETA
2. The name and	he Florida street address o	f the registered agent and office are:	T ASSE
c	T Corporation System		OF STA
		(Name)	
1:	00 South Pine Island Road		A COL
_	Florida Street Add	ress (P.O. Box NOT ACCEPTABLE)	
P	antation	F1_33324	
_		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.

By: C T Corporation System De Re By

Danijela Byers Assistant Secretary

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

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NEXGEN RXMARKETING 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 FIRST DAY OF APRIL, A.D. 2014.

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

8300

AUTHENTY CATION: 1256177

DATE: 04-01-14