

MI4000005429

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

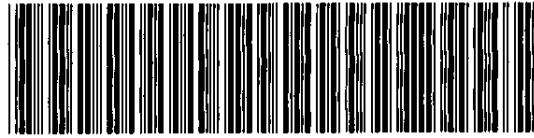
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700296794987

RECEIVED  
DEPARTMENT OF STATE  
17 MAR 17 AM 11:36

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
17 MAR 17 AM 8:10

D. SCOTT

MAR 23 2017



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 20, 2017

CT CORP

SUBJECT: NEW VIRTUS PHARMACEUTICALS, LLC  
Ref. Number: M1400005429

*Client stated  
they had wrong form -  
could they file  
this instead?  
Can we have  
initial fee  
date  
thanks,  
JMS*

We have received your document for NEW VIRTUS PHARMACEUTICALS, LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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 of your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Scott  
Regulatory Specialist II

Letter Number: 517A00005241

*Please return  
Cert Copy*

FILED  
17 MAR 17 AM 8:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
RECEIVED  
2017 MAR 22 AM 10:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Thanks*

# CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312

850-656-4724

850-508-1891 (cell)

Date: 3-10-17 + 3-22-17  
ACCT. 120160000072

encl 12/11

Name:	NEW VIRTUS PHARMACEUTICALS,		
Document #:	LLC		
Order #:	10400189	2 of 2	

Certified Copy of Arts & Amend:			
Plain Copy:			
Certificate of Good Standing:			
Apostille/Notarial Certification:		Country of Destination:	
		Number of Certs:	

Filing:	<input checked="" type="checkbox"/>	Certified: <input type="checkbox"/>
		Plain: <input type="checkbox"/>
		COGS: <input type="checkbox"/>

Availability	_____
Document	_____
Examiner	_____
Updater	_____
Verifier	_____
W.P. Verifier	_____
Ref#	_____

Amount: \$ 55.00

Thank you!

FILED  
17 MAR 17 AM 8:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**RESOLUTION TO WITHDRAW  
ALTERNATE NAME IN THE STATE OF  
FLORIDA PURSUANT TO  
605.0906 (1), FLORIDA STATUTES**

I, the undersigned, do hereby certify that I am the Authorized Person of  
VIRTUS PHARMACEUTICALS, LLC, a limited liability  
(Name of Limited Liability Company)

company duly organized and existing under the laws of Delaware  
(State or Country of Organization)

Because the name of this foreign limited liability company now satisfies the requirements of s. 605.0112,  
Florida Statutes, the limited liability company hereby renounces the following  
alternate name in the state of Florida:

NEW VIRTUS PHARMACEUTICALS, LLC

(Alternate Name Renounced in State of Florida)



March 21, 2017

Signature of Authorized Person

Date

**Make check payable to Florida Department of State and mail to:**

**Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314**

CR2E128 (2/14)

**FILED  
17 MAR 17 AM 8:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**