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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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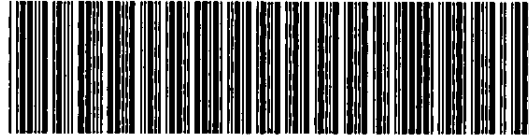
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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15 MAR 13 AM 11:56  
J. G. Gentry

J. Gentry APR 01 2015

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** BLUPAX PHARMACEUTICALS, 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:

SHAYNA PRUPIS

Name of Person

BLUPAX PHARMACEUTICALS, LLC

Firm/Company

400 RARITAN CENTER PARKWAY, SUITE C

Address

EDISON, NJ 08837-3908

City/State and Zip Code

SHAYNA@BLUPAXPHARMA.COM

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

For further information concerning this matter, please call:

SHAYNA PRUPIS

Name of Contact Person

at ( 732 )

Area Code

902-6760 x106

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

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

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

1. BLUPAX PHARMACEUTICALS, 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. NEW JERSEY 3. 45-4126817  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. MARCH 15, 2015  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

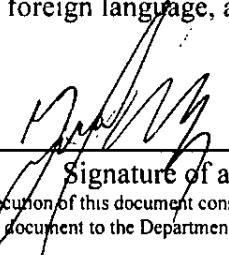
5. \_\_\_\_\_  
400 RARITAN CENTER PARKWAY, STE C  
(Street Address of Principal Office)

6. EDISON, NJ 08837  
Same as above  
(Mailing Address)

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

JOEL MITTELMAN, MEMBER 7 SCHUNNEMUNK RD, #302, MONROE, NY 10950  
JACOB PASKES, MEMBER P.O. Box 945, MONSEY, NY 10952

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.815.155, F.S.)

JOEL MITTELMAN  
\_\_\_\_\_  
Typed or printed name of signee

5 MAR 13 AM 11:55  
FILED  
CLERK OF THE COURT  
TALLAHASSEE, FLORIDA

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

**BLUPAX PHARMACEUTICALS LLC**

0400461167

*With the Previous or Alternate Name*

**BLUPAX PHARMA (Alternate Name)**

*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 January 3, 2012.*

*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:*

*Blupax Pharmaceuticals, Llc  
400 Raritan Center Parkway  
Suite C  
Edison, NJ 08837 3908*



Certification# 135473779

*IN TESTIMONY WHEREOF, I have  
hereunto set my hand and affixed my  
Official Seal at Trenton, this  
9th day of March, 2015*

A handwritten signature in black ink, appearing to read "Andrew P. Sidamon-Eristoff".

*Andrew P Sidamon-Eristoff  
State Treasurer*

15 MAR 13 AM 11:56

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**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:

BLUPAX PHARMACEUTICALS, 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:

INCCORP SERVICES, INC  
(Name)

17888 67<sup>th</sup> COURT NORTH  
Florida Street Address (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 605, Florida Statutes.

  
(Signature) Sara Brantigan on behalf of Inccorp 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)

15 MAR 13 AM 11:56

FILED