

M15000 003882

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

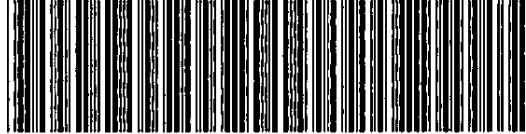
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200272756822

05/12/15--01039--015 **125.00

FILED
15 MAY 12 AM 8:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DUGGAN **db** BERTSCH
ATTORNEYS AND COUNSELORS AT LAW

May 11, 2015

Privileged & Confidential
Via First Class Mail

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

Re: Application to Transact Business – Heclub Pharma, LLC

To Whom This May Concern,

Enclosed for your review and filing is the FL Application for registration for Heclub Pharma, LLC (in duplicate) with filing fee (check number ~~418~~) and supporting documents. Please do not hesitate to contact me at (312) 263-8600 regarding any questions you may have.

Best regards,

DUGGAN BERTSCH, LLC



Estefania Rodriguez - Flaga

ERF/slf
Encl.

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HECLUB PHARMA, 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-EIGHTH DAY OF APRIL, A.D. 2015.


FILED
15 MAY 12 AM 8:11
SECRETARY OF STATE
HALLMARKS OF COMRA

5733085 8300

150581005

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




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 2331215

DATE: 04-28-15

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Heclub Pharma, 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:

Estefania Rodriguez

Name of Person

DUGGAN BERTSCH, LLC

Firm/Company

303 West Madison Street, Suite 1000

Address

Chicago, IL 60606

City/State and Zip Code

erodriguezflaga@dugganbertsch.com

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

For further information concerning this matter, please call:

Estefania Rodriguez

Name of Contact Person

at (**312**)

Area Code

263-8600

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

**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:

Heclub Pharma, LLC

If unavailable, the alternate to be used in the state of Florida is:

N/A

2. The name and the Florida street address of the registered agent and office are:

NATIONAL CORPORATE RESEARCH, LTD., INC

(Name)

155 Office Plaza Drive

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

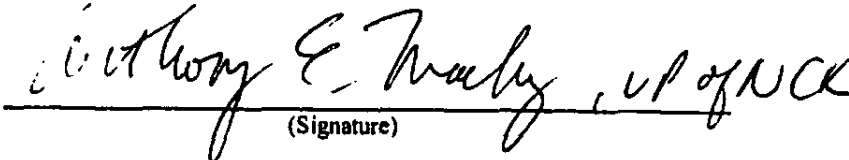
Tallahassee

FL

32301

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)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 MAY 12 AM 8:11

FILED

**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. Heclub Pharma, 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. Delaware

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

3. 47-3803510

(FEI number, if applicable)

4. Upon Registration

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

5. 9999 Collins Avenue, Apt 4G

Bal Harbour, FL 33154

(Street Address of Principal Office)

6. 9999 Collins Avenue, Apt 4G

Bal Harbour, FL 33154

(Mailing Address)

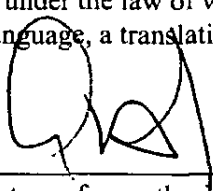
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are

Guillermo Herrera, Manager

9999 Collins Avenue, Apt 4G

Bal Harbour, FL 33154

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.)

Guillermo Herrera, Manager

Typed or printed name of signee

15 MAY 12 AM 8:11
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA