

m15000004195

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

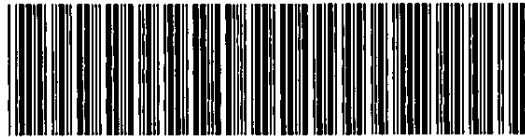
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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03/20/15--01020--010 **125.00

FILED
15 MAY 26 PM 4:27
SECRETARY OF STATE
TALLAHASSEE, FL 32301

MAY 28 2015



STATE LICENSE SERVICING, INC.
1751 State Route 17A, Suite 3
Florida, NY 10921
Tel. 845/544-2482
Fax. 845/544-2481
statelicensesservicing.com

March 18, 2015

Express Mail

Florida Division of Corporations
Registration Section
PO Box 6327
Tallahassee, FL 32314

FILED
15 MAY 26 PM 4:27
SECRETARY OF REVENUE
TALLAHASSEE

Re: Request for Certificate of Authority

Dear Sir/Madam:

Please see enclosed application for registration of a Foreign Limited Liability Company to transact business in Florida for Virtus Pharmaceuticals OpCo II, LLC d/b/a Virtus Specialty.

Enclosed, please find check number 652 in the amount of \$125.00 which represents your fee for this service.

I kindly request that this service be expedited. Thank you.

If you have any questions, please contact us. Thank you for your time and attention regarding this matter.

Kind regards,

Audrey Kaufman
STATE LICENSE SERVICING, INC.
akaufman@slsny.com



STATE LICENSE SERVICING, INC.
1751 State Route 17A, Suite 3
Florida, NY 10921
Tel. 845/544-2482
Fax. 845/544-2481
statelicensservicing.com

May 11, 2015

Priority Mail

Diane Cushing
Senior Section Administrator
Florida Dept. of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: Response to deficiency

Dear Ms. Cushing:

Please see enclosed response to deficiency for our client, Virtus Pharmaceuticals
OpCo II, LLC.

If you have any questions, please contact us. Thank you for your time and attention
regarding this matter.

Kind regards,

Audrey Kaufman
STATE LICENSE SERVICING, INC.
akaufman@slny.com
845-544-2482 ext. 217

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Virtus Pharmaceuticals OpCo II, LLC d/b/a Virtus Specialty
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:

Audrey Kaufman

Name of Person

State License Servicing

Firm/Company

1751 State Route 17A, Suite 3

Address

Florida, NY 10921

City/State and Zip Code

VRT@slny.com

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

For further information concerning this matter, please call:

Jennifer Schneider

Name of Contact Person

at (**845**) **544-2482**

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 14, 2015

AUDREY KAUFMAN
STATE LICENSE SERVICING
1751 STATE ROUTE 17A, SUITE 3
FLORIDA, NY 10921

SUBJECT: VIRTUS PHARMACEUTICALS OPCO II, LLC D/B/A VIRTUS
SPECIALTY
Ref. Number: W15000025673

We have received your document for VIRTUS PHARMACEUTICALS OPCO II, LLC D/B/A VIRTUS SPECIALTY and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing
Senior Section Administrator

Letter Number: 115A00007319

**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. **Virtus Pharmaceuticals OpCo II, 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. **47-1268275**

(FEI number, if applicable)

4. **Not yet transacted business in the State of Florida**

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

5. **1321 Murfreesboro Road, Suite 540**

Nashville, TN 37217

(Street Address of Principal Office)

6. **1751 State Route 17A, Suite 3**

Florida, NY 10921

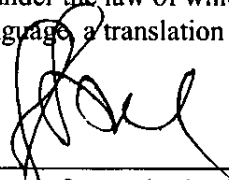
(Mailing Address)

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

Horatio Louis Sanchez, CEO - 1321 Murfreesboro Road, Suite 540

Nashville, TN 37217

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.)

Jennifer Schneider, Attorney-in-Fact on behalf of Virtus Pharmaceuticals Opco II

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:

Virtus Pharmaceuticals OpCo II, 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:

Incorp Services, Inc.

(Name)

17888 67th Court North

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

Loxahatchee

33470

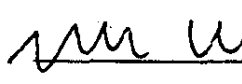
FL

City/State/Zip

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 MAY 26 PM 4:27

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.

 **Natalie Bates** on behalf of Incorp Services, Inc.

(Signature)

\$ 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 "VIRTUS PHARMACEUTICALS OPCO II, 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 EIGHTEENTH DAY OF DECEMBER, A.D. 2014.


511 730
15 MAY 26 PM 4:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

5554757 8300

141557299

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




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 1974728

DATE: 12-18-14