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Florida Department of State
Division of Corporations
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Account Name : COMITER & SINGER, LLP
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Foreign Limited Liability Company
ANDOR PHARMACEUTICALS, LLC

Certificate of Status	0
Certified Copy	1
Page Count	01
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8/5/2015 12:57:02 PM PAGE 1/00 FAX SERVER

W1500004404



June 5, 2015

FLORIDA DEPARTMENT OF STATE
Division of Corporations

COMITER & SINGER, LLP

SUBJECT: ANDOR PHARMACEUTICALS, LLC
REF: W15000039380

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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 or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Jessica A Fason
Regulatory Specialist II

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

P.O BOX 6327 - Tallahassee, Florida 32314

H15000133798

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. ANDOR 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. DELAWARE

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

3. 47-4142024

(FEI number, if applicable)

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

5. 8250 SW 27TH AVENUE

OCALA, FL 34476

(Street Address of Principal Office)

6. 8250 SW 27TH AVENUE

OCALA, FL 34476

(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: ALAN H. BASEMAN, ESQ.

Office Address: 3801 PGA BLVD., SUITE 604

PALM BEACH GARDENS, Florida 33410

(City)

(Zip code)

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.



(Registered agent's signature)

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

ALAN P. COHEN, CHAIRMAN, 8250 SW 27TH AVENUE, OCALA, FL 34476

9. Attached is a 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. (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.)

ALAN H. BASEMAN, ESQ., AUTHORIZED REPRESENTATIVE

Typed or printed name of signee

FILED
15 JUN -4 AM 7:29
SECRETARY OF STATE
TALLAHASSEE FLORIDA

State of Delaware
Secretary of State
Division of Corporations
Delivered 02:59 PM 05/19/2015
FILED 02:59 PM 05/19/2015
SRV 150711911 - 5749738 FILE

**STATE of DELAWARE
LIMITED LIABILITY COMPANY
CERTIFICATE of FORMATION**

First: The name of the limited liability company is: Andor Pharmaceuticals, LLC

Second: The address of its registered office in the State of Delaware is 2140 S.
Dupont Hwy., Kent County in the City of Camden
Zip code 19934. The name of its Registered agent at such address is
Paracorp Incorporated

Third: (Use this paragraph only if the company is to have a specific effective date of dissolution: "The latest date on which the limited liability company is to dissolve is _____.")

Fourth: (Insert any other matters the members determine to include herein.)

In Witness Whereof, the undersigned have executed this Certificate of Formation this

19th day of May, 2015.

By: Alan H. Baseman
Authorized Person (s)

Name: Alan H. Baseman

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ANDOR PHARMACEUTICALS, 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 NINETEENTH DAY OF MAY, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ANDOR PHARMACEUTICALS, LLC" WAS FORMED ON THE NINETEENTH DAY OF MAY, A.D. 2015.

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



5749738 8300

150711911

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


Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 2392332

DATE: 05-19-15

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF FORMATION OF "ANDOR PHARMACEUTICALS, LLC", FILED IN THIS OFFICE ON THE NINETEENTH DAY OF MAY, A.D. 2015, AT 2:59 O'CLOCK P.M.



5749738 8100

150711911

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


Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 2392331

DATE: 05-19-15