

Division of Corporations

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MIS000004405

Florida Department of State

Division of Corporations

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Division of Corporations

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From:

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TALLAHASSEE, FLORIDA

15 JUN -3 AM 5:39

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**Foreign Limited Liability Company
ARINDEL PHARMACEUTICALS, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$155.00

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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. ARINDEL 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. 47-4174003

(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 AVENUEOCALA, FL 34476

(Street Address of Principal Office)

6. 8250 SW 27th AVENUEOCALA, 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 604PALM BEACH GARDENS

(City)

, Florida 33410

(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, MANAGER, 8250 SW 27TH AVENUE, OCALA, FL 34476BRANDON COHEN, MANAGER, 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 signer

15 JUN -3 AM 5:38
TALLAHASSEE, FLORIDA
STATE DEPARTMENT OF
REVENUE

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ARINDEL 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 FIFTH DAY OF JUNE, A.D. 2015.

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

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

FILED
15 JUN -3 AM 5:38
TALLAHASSEE, FLORIDA

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




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 2440686

DATE: 06-05-15

State of Delaware
Secretary of State
Division of Corporations
Delivered 05:27 PM 05/05/2015
FILED 05:19 PM 05/05/2015
SRV 150618113 - 5741506 FILE

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

First: The name of the limited liability company is Arindel 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

5th day of May, 2015

By: Alan H. Baseman

Authorized Person (s)

Name: Alan H. Baseman