## M15000005730

(Requestor's Name)
(Address)
( and the state of
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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J. HARRIS

#### **COVER LETTER**

TO: Registration Section Division of Corporations					
SUBJECT: LinkPharma LLC					
Name of Limited Liability Company					
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Flor					
Please return all correspondence concerning this matter to the following:					
Ana Janeth Mora-Cardona					
Name of Person					
LinkPharma LLC					
Firm/Company					
10312 Bloomingdale Ave, Ste 108-319					
Address					
Riverview, FL 33578					
City/State and Zip Code					
jmora@linkpharmaus.com					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Ana J. Mora-Cardona <sub>at</sub> 813 319-3972					
Name of Contact Person Area Code Daytime Telephone Number					
MAILING ADDRESS:  Division of Corporations  Registration Section  P.O. Box 6327  Tallahassee, F1. 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:  \$\begin{align*} \begin{align*} \be					



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

May 8, 2015

ANA JANETH MORA-CARDONA 10312 BLOOMINGDALE AVE, STE 108-319 RIVERVIEW, FL 33578

SUBJECT: LINKPHARMA LLC Ref. Number: W15000032930

We have received your document for LINKPHARMA LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

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) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 915A00009734

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

IN COMPLIANCE WITH SECTION 6050902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

LinkPharma LLC	
(Name of Foreign Limi	ted Liability Company; must include "Limited Liability Company," "L.L.C.," or "LI.C.")
(If name unavailable, enter alternate r Liability Company," "L.L.C," or "LL	name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited C.")
<sub>2.</sub> Delaware	3
(Jurisdiction under the law of whic company is organized)	h foreign limited liability (FEI number, if applicable)
<sub>4.</sub> May 1, 2015	
(S	(Date first transacted business in Florida, if prior to registration.) ee sections 605.0904 & 605.0905, F.S. to determine penalty liability)
, 2140 S Dupor	nt Highway, Camden, DE 19934
y	
	(Street Address of Principal Office)
<sub>6</sub> 10312 Blooming	gdale Ave, Ste 108-319, Riverview, FL 33578
·	
	(Mailing Address)
7. The name, title or capaci	ty and address of the person(s) who has/have authority to manage is/are:
Ana Janeth Mora-Cardona, Ma	anaging Partner, 10312 Bloomingdale Ave, Ste 108-319, Riverview, FL 33578
having custody of records in	rtificate of existence, no more than 90 days old, duly authenticated by the official the jurisdiction under the law of which it is organized. (A photocopy is not
	is in a foreign language, a translation of the certificate under oath of the translator
must be submitted)	~ <del>(</del>
	Signature of an authorized person ., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true, itted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)
An	a J. Mora-Cardona
<del></del>	Typed or printed name of signee
	1-21 <u>-</u>

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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:
1.	ine name	OI HIL	Limitou	LAIMOITTE	Company	10,

Lin	kPł	narma	a LLC
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2. The name and the Florida street address of the registered agent and office are:

### Ana Janeth Mora-Cardona

(Name)

## 10312 Bloomingdale Ave, Ste 108-319

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

Riverview 33578

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)

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# Delaware

PAGE 1

## The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "LINKPHARMA 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 ELEVENTH DAY OF JULY, A.D. 2015.

5050035 8300

150966158

AUTHENT CATION: 2546786

DATE: 07-11-15

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