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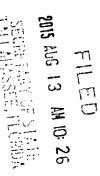
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	y/State/Zip/Phone	- (1)				
(Cit	y/State/Zip/Pilone	s #)				
PICK-UP	☐ WAIT	MAIL				
(Bu	siness Entity Nar	ne)				
(Do	cument Number)					
(33						
Certified Copies	_ Certificates	s of Status				
Special Instructions to	Filing Officer:					





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2360 Corporate Circle, Suite 400 Henderson, NV 89074

Phone 702.866.2500 Toll-Free 800.2.INCORP (1-800-246-2677) Fax 702.866.2689

www.incorp.com

August 12, 2015

Corporations Division
Florida Department of State
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

To Whom It May Concern:

Incorp Services, Inc., an authorized Corporate Registered Agent in Florida, whose office is located at 17888 67th Court North, Loxahatchee, FL 33470, herein consents to act as Registered Agent for **Dash Pharmaceuticals LLC** for purposes and services only related to the Florida Department of State.

If you have any questions, please contact me at (800) 246-2677 from 8:00 a.m. to 5:00 p.m. PST.

Sincerely,

Yackie DeFilippis, Processor on behalf of Incorp Services, Inc.

ALTA LAW GROUP, LLC

Tanya J. Dobash

Phone: (212) 786-2566

tdobash@altalawgroup.com

www.altalawgroup.com

August 11, 2015

Florida Department of State Division of Corporations Registration Section 2661 Executive Center Circle Tallahassee, FL 32301

Re:

Dash Pharmaceuticals LLC

Registration of Foreign LLC

Dear Sir or Madam:

Enclosed are the following:

- Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida;
- Certificate of Good Standing from Delaware Secretary of State
- Check in the amount of \$125.00 payable to "Florida Department of State".

Please contact me directly at (443) 797-9457 or <u>tdobash@altalawgroup.com</u> if you have any questions regarding this matter or require any additional information.

Very truly yours,

Tanya Dobash

COVER LETTER

TO:

Registration Section

Div	ision of Corporatio	ns						
SUBJECT:	Dash Pharmaceutic	als LLC						
Name of Limited Liability Company								
					ansact Business in Florida," Certific y company to transact business in F			
Please return	all correspondence	concerning this matter to the	e following:					
	Tanya Dobash							
		1	Name of Person					
	Alta Law Grou	ıp						
	Firm/Company							
	PO Box 560							
			Address					
	Mountaintop,	PA 18707						
		City/S	State and Zip Code	;				
•	tdobash@altalav	vgroup.com						
		E-mail address: (to be use	ed for future annua	l report no	tification)			
For further in	nformation concernir	g this matter, please call:						
Tar	nya Dobash		410 at (844-33	63			
	Name o	of Contact Person	Area Code	Day	time Telephone Number			
Divi Reg P.O.	ILING ADDRESS: ision of Corporation: istration Section . Box 6327 ahassee, FL 32314	S		Division Registrat Clifton B 2661 Exe	of Corporations ion Section suilding ecutive Center Circle see, FL 32301			
	check for the follow 125.00 Filing Fee	ving amount: ☐ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filin Certified Copy	ng Fee &	□ \$160.00 Filing Fee, Certificate of Status & Certified Copy			

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. Dash Pharmaceuticals (Name of For		ust include "Limi	ted Liability Company," "L.L.C.," or	'LLC.")
(If name unavailable, enter a Liability Company," "L.L.C.	Iternate name adopted for the purpo	ose of transacting	ousiness in Florida. The alternate nam	e must include "Limited
2. Delaware (Jurisdiction under the law company is organized)	of which foreign limited liability	3	(FEI number, if applicable)	
4. upon registration	(Date first transacted busin	naga in Florida if		
20 1 111 11 0	(See sections 605.0904 & 605	5.0905, F.S. to de	termine penalty liability)	
5. 2 Park Way, Upper Sa	addle River, NJ 07458	<u>-</u>	·	2015
				三星 6 7
6. 2 Park Way, Upper Sac	(Street Address of ddle River NJ 07458	Principal Office)		16 13 17 17 17 17 17 17 17 17 17 17 17 17 17
6				一 題 主
	(Mailing	Address)		5 5
7 Name and street address	ss of Florida registered agent: (F	•	aaaantahla)	26
	InCorp Services, Inc.		acceptable)	
Name:			 _	
Office Address:	17888 67th Court North	 		
	Loxahatchee		, Florida 33470 (Zip code)	
Registered agent's accep	(City)		(Zip code)	
this application, I hereby	accept the appointment as regis statutes relative to the proper ar	stered agent and	for the above stated corporation I agree to act in this capacity. I f formance of my duties, and I am	urther agree to comply
	(Regis	stered agent's sign	ature)	
8. The name, title or capa	acity and address of the person(s)	s) who has/have	authority to manage is/are:	
Nicholas DiMaio, Jr., Pre	sident, 2 Park Way, Upper Sadd	le River, NJ 07	458	
9. Attached is a certificate jurisdiction under the law of the translator must be so	of which it is organized. (If the c	ays old, duly aut	henticated by the official having of foreign language, a translation of	ustody of records in the the certificate under oath
	Signature	e of an authorized	person ·	
This document is executed submitted in a document to	I in accordance with section 605.	.0203 (1) (b), Flo	orida Statutes. I am aware that any ee felony as provided for in s.817.	false information

Tanya Dobash, authorized agent

Typed or printed name of signee

Delaware

PAGE 1

The First State

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

DELAWARE, DO HEREBY CERTIFY "DASH 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 TWENTY-SECOND DAY OF JULY, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "DASH

PHARMACEUTICALS LLC" WAS FORMED ON THE THIRD DAY OF JUNE, A.D.

2014.

5544678 8300

151080838

AUTHENT CATION: 2579537

DATE: 07-22-15

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