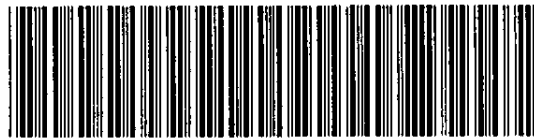


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(Document Number)

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ARGO PHARMA, LLC
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:

Zachary Schiffman
Name of Person

US MED
Firm/Company

Attn: Comptroller - 8260 NW 27th Street, Suite 401
Address

Miami, Florida 33122
City/State and Zip Code

Comptroller@USMed.com
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

Christie Hancock at (305) 403-0737
Name of Contact Person 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

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

IN COMPLIANCE WITH SECTION 605.002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. ARGO PHARMA, 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. _____
(FEI number, if applicable)

4. Upon Registration
(Date first transacted business in Florida, if prior to registration.)

5. 8008 NW 14 STREET
MIAMI, FLORIDA 33126
(Street Address of Principal Office)

6. Attn: Comptroller - 8260 NW 27th Street, Suite 401
Miami, Florida 33122
(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Name: INCORP Services, Inc.
Office Address: 17888 67TH COURT NORTH
LOXAHATCHEE, Florida 33470
(City) (Zip code)

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Registered agent's acceptance:

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 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.

Sara Brautigam
(Registered agent's signature) on behalf of INCORP Services, Inc

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:
Zachary Schiffman, Manager - 8260 NW 27th Street, Suite 401, Miami, FL 33122
John Harroff, Manager - 1450 Brickell Avenue, 31st Floor, Miami, FL 33131
Camilo Horvilleur, Manager - 1450 Brickell Avenue, 31st Floor, Miami, FL 33131

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)

ZS
Signature of an authorized person

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

Zachary Schiffman
Typed or printed name of signee

Delaware

The First State

Page 1

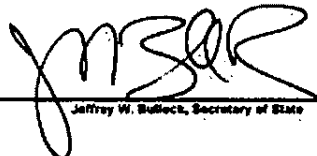
I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ARGO PHARMA, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SIXTH DAY OF OCTOBER, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ARGO PHARMA, LLC" WAS FORMED ON THE SECOND DAY OF OCTOBER, A.D. 2015.

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

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SECRETARY OF STATE
DELAWARE




Jeffrey W. Bullock, Secretary of State

5840233 8300

SR# 20150396403

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

Authentication: 10187253

Date: 10-06-15