M15000009757

(Requestor's Name)
(Address)
(Address)
(181.000)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
west
Special Instructions to Filing Officer:

Office Use Only



400279582284

15 DEC - 7 SM IO: 37



DEC 0 8 2015 J SHIVERS CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Tallhassee, FL 3230 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 899823

8026229

AUTHORIZATION : (

COST LIMIT : \$ 125.00

ORDER DATE: December 4, 2015

ORDER TIME : 9:53 AM

ORDER NO. : 899823-035

CUSTOMER NO: 8026229

FOREIGN FILINGS

NAME: BIONPHARMA HEALTHCARE LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER:

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

٦.,

IN COMPLIANCE WITH SECTION 605,0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TOTRANSACTRI SINESS IN THE STATE OF FLORIDA.

tti name unavaname, enter a	lternate name adopted for the purpose of transacting busing	ess in Florida. The alternate na	ime must include "Limited
Liability Company," "L.L.C.	," or "LLC.")		
2. Delaware	3. 36-4822437		
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, if applicable	e)
4. Upon filing			
	(Date first transacted business in Florida, if prior (See sections 605.0904 & 605.0905, F.S. to determi	to registration.)	<u>-</u>
5. 600 Alexander Road,			 -
Princeton, NJ 08540			
	(Street Address of Principal Office)		
6. 600 Alexander Road, S	Suite 2-4B		- SS =
Princeton, NJ 08540			5 . >≈
	(Mailing Address)		DEC -7 /
7. Name and street addres	ss of Florida registered agent: (P.O. Box NOT accept	ntable)	SS 1 1
	Corporation Service Company		
Name:			• • • • • • • • • • • • • • • • • • • •
	1201 Have Street		
Office Address:	1201 Hays Street		7:26
Office Address:	Tallahassee	, Florida 32301	
Registered agent's accep	Tallahassee (City)	(Zip code)	IAIE ORIDA
Registered agent's accep Having been named as re designated in this applica to complywith the provisi	Tallahassee (City) stance: rgistered agent and to accept service of process for to tion, I hereby accept the appointment as registered ons of all statutes relative to the proper and complete	(Zip code) he above stated limited lial agent and agree to act in the te performance of my dutle	bility company at the place his capacity. I further agree es, and I am familiar with and
Registered agent's accep Having been named as re designated in this applica to complywith the provisi	Tallahassee (City) stance: registered agent and to accept service of process for to tion, I hereby accept the appointment as registered ons of all statutes relative to the proper and complet my position as registered agent. Corporation Service Company	(Zip code) the above stated limited lial agent and agree to act in the te performance of my dutle Courtn	bility company at the place his capacity. I further agrees, and I am familiar with and
Registered agent's accep Having been named as re designated in this applica to complywith the provisi	Tallahassee (City) stance: rgistered agent and to accept service of process for to tion, I hereby accept the appointment as registered ons of all statutes relative to the proper and complete	(Zip code) he above stated limited lial agent and agree to act in the performance of my dution Courtn	bility company at the place his capacity. I further agree es, and I am familiar with and
Registered agent's accep Having been named as re designated in this applica to complywith the provisi accept the obligations of	Tallahassee (City) stance: registered agent and to accept service of process for testion, I hereby accept the appointment as registered ons of all statutes relative to the proper and complete my position as registered agent. Corporation Service Company By: (Registered agent)'s signature	(Zip code) he above stated limited lial agent and agree to act in the performance of my dutle Courtn Asst. Vi	bility company at the place his capacity. I further agrees, and I am familiar with and
Registered agent's acception that the provision of the comply with the provision accept the obligations of the comply with the provision accept the obligation of the comply with the provision accept the obligation of the comply with the provision accept the obligation of the complex title or caption acceptance and the complex title or caption acceptance accepta	Tallahassee (City) stance: registered agent and to accept service of process for to tion, I hereby accept the appointment as registered ons of all statutes relative to the proper and completing position as registered agent. Corporation Service Company By: (Registered agent)'s signature actity and address of the person(s) who has/have authorized.	(Zip code) the above stated limited liab agent and agree to act in the performance of my dutte Courtn Asst. Vic	bility company at the place his capacity. I further agrees, and I am familiar with and
Registered agent's accept Having been named as redesignated in this applicate to comply with the provision accept the obligations of the same of the s	Tallahassee (City) stance: registered agent and to accept service of process for testion, I hereby accept the appointment as registered ons of all statutes relative to the proper and complete my position as registered agent. Corporation Service Company By: (Registered agent)'s signature	(Zip code) the above stated limited liab agent and agree to act in the performance of my dutte Courtn Asst. Vic	bility company at the place his capacity. I further agrees, and I am familiar with and
Registered agent's accept Having been named as redesignated in this applicate to comply with the provision accept the obligations of the same of the s	Tallahassee (City) stance: registered agent and to accept service of process for to tion, I hereby accept the appointment as registered ons of all statutes relative to the proper and completing position as registered agent. Corporation Service Company By: (Registered agent)'s signature actity and address of the person(s) who has/have authorized.	(Zip code) the above stated limited liab agent and agree to act in the performance of my dutte Courtn Asst. Vic	bility company at the place his capacity. I further agrees, and I am familiar with and
Registered agent's acception that the provision of the comply with the provision accept the obligations of the comply with the provision accept the obligation of the comply with the provision accept the obligation of the comply with the provision accept the obligation of the complex title or caption acceptance and the complex title or caption acceptance accepta	Tallahassee (City) stance: registered agent and to accept service of process for to tion, I hereby accept the appointment as registered ons of all statutes relative to the proper and completing position as registered agent. Corporation Service Company By: (Registered agent)'s signature actity and address of the person(s) who has/have authorized.	(Zip code) the above stated limited liab agent and agree to act in the performance of my dutte Courtn Asst. Vic	bility company at the place his capacity. I further agrees, and I am familiar with and
Registered agent's acception that the provision of the comply with the	Tallahassee (City) Stance: Tallahassee (City) Tallahassee Tallah	(Zip code) the above stated limited liab agent and agree to act in the performance of my dutle Courtn Asst. Vir prity to manage is/are: NJ 08540 icated by the official having ign language, a translation of	bility company at the place his capacity. I further agree es, and I am familiar with and ey Williams are President
Registered agent's accept Having been named as redesignated in this applicate comply with the provision accept the obligations of accept the obligations of Bionpharma Inc., Med. 19. Attached is a certificate	Tallahassee (City) stance: registered agent and to accept service of process for totion, I hereby accept the appointment as registered ons of all statutes relative to the proper and complete mry position as registered agent. Corporation Service Company By: (Registered agent)'s signature acity and address of the person(s) who has/have authority and address of the person (s) who has/have authority and address of the person (s) who has/have authority and address of the person (s) who has/have authority and address of the person (s) who has/have authority and address of the person (s) who has/have authority and address of the person (s) who has/have authority and address of the person (s) who has/have authority and address of the person (s) who has/have authority and address of the person (s) who has/have authority and address of the person (s) who has/have authority and address of the person (s) who has/have authority and address of the person (s) who has/have authority and address of the person (s) who has/have a	(Zip code) the above stated limited liab agent and agree to act in the performance of my dutle Courtn Asst. Vir prity to manage is/are: NJ 08540 icated by the official having ign language, a translation of	bility company at the place his capacity. I further agree es, and I am familiar with and ey Williams are President

Typed or printed name of signee

Venkat Krishnan

Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "BIONPHARMA HEALTHCARE 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 FOURTH DAY OF DECEMBER, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BIONPHARMA"

HEALTHCARE LLC" WAS FORMED ON THE FIFTH DAY OF NOVEMBER, A.D. 2015.

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

15 DEC -7 AH 7: 26
SUCRETARY OF STATE

Authentication: 10552993

Date: 12-04-15

5869891 8300

100

SR# 20151209473