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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JAN 19 2016

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1301 HWY 36, SUITE 12 - HAZLET, NEW JERSEY 07730 – (P) 1.844.700.5011

JANUARY 12, 2016

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

Dear Sir or Madam:

Enclosed please find a completed Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida for CarWin Pharmaceutical Associates, LLC. Kindly process the application along with the following enclosed:

- A check for \$125.00 made payable to: Florida Department of State.
- Attachment A: Certificate of Existence.

Should you need further information, please feel free to contact me.

Very truly yours,

A handwritten signature in black ink, appearing to read 'Stephen Angelos', with a long, sweeping horizontal line extending to the right.

Stephen Angelos

CarWin Pharmaceutical Associates, LLC

Enclosures

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CarWin Pharmaceutical Associates, 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:

Stephen Angelos

Name of Person

CarWin Pharmaceutical Associates, LLC

Firm/Company

1301 Highway 36, STE 12

Address

Hazlet, NJ 07730

City/State and Zip Code

sangelos@carwinpharma.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Stephen Angelos

732
at ()

344 - 6987

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 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. CarWin Pharmaceutical Associates, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

N/A

(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. Louisiana 3. 46-4184024
(Jurisdiction under the law of which foreign limited liability company is organized) (FBI number, if applicable)

4. N/A
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 1301 Highway 36, STE 12, Hazlet, NJ 07730

(Street Address of Principal Office)

6. 1301 Highway 36, STE 12, Hazlet, NJ 07730

(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

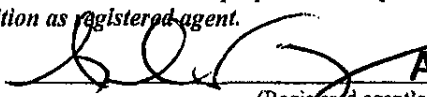
Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(City) (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.


Angel Nunez
Assistant Secretary
(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Kevin Hudy, President, 1301 Highway 36, STE 12, Hazlet, NJ 07730

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) See Attachment A


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.)

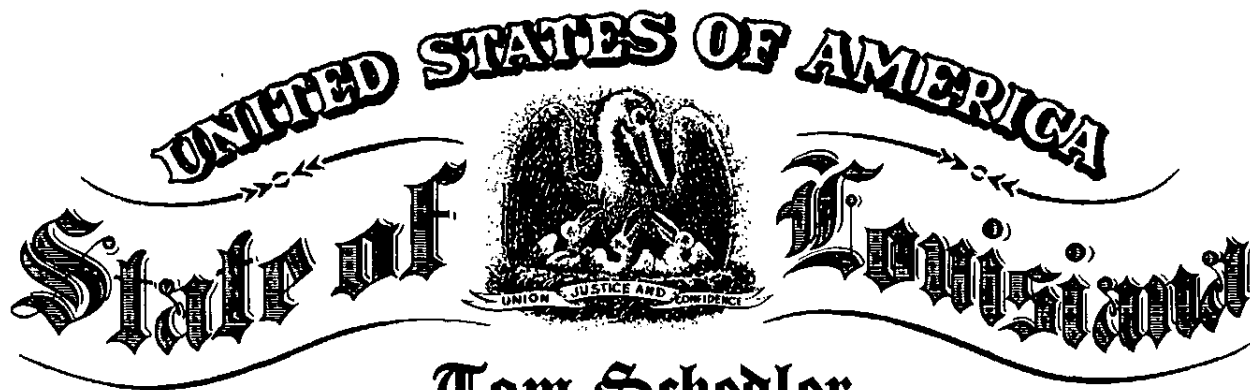
Kevin Hudy

Typed or printed name of signee

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2016 JAN 15 P 1:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Attachment A

Certificate of Existence



Tom Schedler
SECRETARY OF STATE

As Secretary of State of the State of Louisiana, I do hereby Certify that

the Articles of Organization of

CARWIN PHARMACEUTICAL ASSOCIATES, LLC

Domiciled at BATON ROUGE, LOUISIANA,

Were filed in this Office and a Certificate of Organization was issued on November 22, 2013,

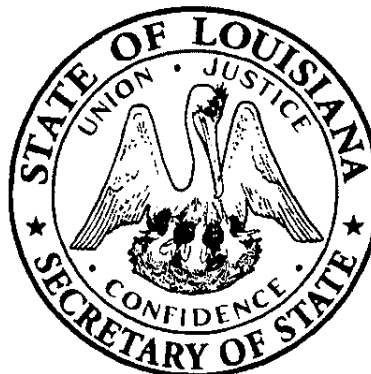
I further certify that no Certificate of Dissolution has been issued.

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

January 7, 2016

Secretary of State

Web 41349302K



Certificate ID: 10669210#GTL73

To validate this certificate, visit the following web site, go to **Business Services, Search for Louisiana Business Filings, Validate a Certificate**, then follow the instructions displayed.
www.sos.la.gov