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Jonathan M. Nine-Punnett

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Division of Corporations

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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To: Division of Corporations  
Fax Number : (850) 617-5383

From: Account Name : NADIA LOEBER + PARKS LLP  
Account Number : 120050300053  
Phone : (216) 621-0150  
Fax Number : (216) 241-2824

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*  
Email Address: gab@hahala.com

Foreign Limited Liability Company  
Integra Pharma Services, LLC

Certificate of Status	
Certified Copy	0
Page Count	02
Estimated Charge	\$155.00

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TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

2016 FEB 26 AM 10:57

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K. SALLY  
EXAMINER

FEB 29

Please see the attached.

I apologize for the look of the cover sheet, however, the webpage froze before I could print it so I had to do a screen shot of the cover page in order to not be charged again. If you have any questions or problems with this, please call me 216-274-2217.

Best and thank you!

Gretchen

**Gretchen M. Nine-Bunnell**

Paralegal

Hahn Loeser & Parks LLP

200 Public Square, Suite 2800

Cleveland, OH 44114-2316

216.274.2217 (voice)

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Website: [www.hahnlaw.com](http://www.hahnlaw.com)

**Hahn Loeser & Parks LLP is a full-service law firm representing clients across the U.S. and abroad from offices in Cleveland, Columbus, Akron, Naples, Fort Myers, San Diego and Chicago**

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**COVER LETTER**

**TO: Registration Section**  
**Division of Corporations**

**SUBJECT: Integra Pharma Services, 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:

Gretchen M. Nine-Bunnell, Paralegal

Name of Person

Hahn Loeser & Parks LLP

Firm/Company

200 Public Square, Suite 2800

Address

Cleveland, OH 44114

City/State and Zip Code

gnb@hahnlaw.com

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

For further information concerning this matter, please call:

Gretchen M. Nine-Bunnell, Paralegal

216

274-2217

at ( )

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

(((H160000483563)))

**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. Integra Pharma Services, 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. Maryland

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 47-5225921

(FEI number, if applicable)

4. \_\_\_\_\_

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

5. 6021 University Boulevard, Suite 450

Ellicott City, MD 21043

(Street Address of Principal Office)

6. 6021 University Boulevard, Suite 450

Ellicott City, MD 21043

(Mailing Address)

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

Name: NRAI Services, Inc.

Office Address: 1200 South Pine Island Road

Plantation

(City)

Florida 33324

(Zip code)

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.*

Kristin Bolden

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:

Gira Shah, Manager, 6021 University Boulevard, Suite 450, Ellicott City, MD 21043

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)

x

[Signature]

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.

Gira Shah, Manager

Typed or printed name of signee

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2016 FEB 26 AM 10:57  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

((H160000483563))

**STATE OF MARYLAND**  
**Department of Assessments and Taxation**

I, HEIDI DUDDERAR OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO LIMITED LIABILITY COMPANIES, OR THE RIGHTS OF LIMITED LIABILITY COMPANIES TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

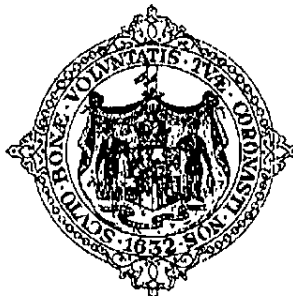
I FURTHER CERTIFY THAT INTEGRA PHARMA SERVICES, LLC, REGISTERED SEPTEMBER 14, 2015, IS A LIMITED LIABILITY COMPANY EXISTING UNDER AND BY VIRTUE OF THE LAWS OF THE STATE OF MARYLAND, AND THAT THE LIMITED LIABILITY COMPANY IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING TO TRANSACT BUSINESS.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS FEBRUARY 16, 2016.



Heidi Dudderar  
Associate Director

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2016 FEB 26 AM 10:57  
STATE DEPT. OF STATE  
TALLAHASSEE, FLORIDA



301 West Preston Street, Baltimore, Maryland 21201  
Telephone Balto. Metro (410) 767-1340 / Outside Balto. Metro (888) 246-5941  
MRS (Maryland Relay Service) (800) 735-2258 TT/Voice