

11600002199

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900283266029

03/14/16--01041--032 **125.00

2016 MAR 14 PM 2:53
SECRETARY OF STATE
TALLAHASSEE, FL 32310

FILED

K. SALY
EXAMINER
MAR 16

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: R-Pharm US 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:

Demetrios Kydonieus

Name of Person

R-Pharm US LLC

Firm/Company

3120 Princeton Pike, Suite 301

Address

Lawrence, NJ 08648

City/State and Zip Code

demetrios.kydonieus@rpharm-us.com

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

For further information concerning this matter, please call:

Jignesh Shah

609 512-7211
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

**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. R-Pharm US 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 3. 46-4796215
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 04/01/2016
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 3120 Princeton Pike, Suite 301, Lawrence, NJ 08648
(Street Address of Principal Office)

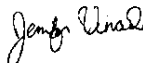
6. 3120 Princeton Pike, Suite 301, Lawrence, NJ 08648
(Mailing Address)

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

Name: CT 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 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.



Jennifer Vincent
Vice President & 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:

Demetrios Kydonieus, President and Chief Business Officer, R-Pharm US LLC, 3120 Princeton Pike, Suite 301,
Lawrence, NJ 08648

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)



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.

Demetrios Kydonieus

Typed or printed name of signer

FILED
2016 APR 14 PM 2:53
CLERK OF STATE
TALLAHASSEE, FLORIDA

**STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES**

SHORT FORM STANDING

**R-PHARM US LLC
0450039670**

FILED
2016 MAR 14 PM 2:54
CLERK OF STATE
TALLAHASSEE, FLORIDA

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named NJ Domestic Limited Liability Company (LLC) was registered by this office on Monday, December 28, 2015.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and registered office are:

**DEMETRIOS KYDONIEUS
3120 PRINCETON PIKE
LAWRENCE, NEW JERSEY 08648**

*IN TESTIMONY WHEREOF, I have
hereunto set my hand and
affixed my Official Seal
28th day of December, 2015*



Ford M. Scudder

*Ford M. Scudder
Acting State Treasurer*

*Certificate Number : 4007933559
Verify this certificate online at
https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_CERT.jsp*