

MIL000007632

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

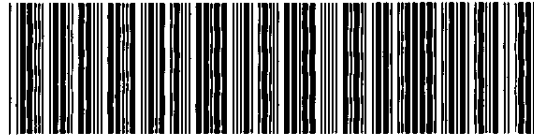
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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CT Corporation System

515 E Park Avenue, Tallahassee, FL, 32301 850-222-1092

Neos Therapeutics Brands, LLC

☐ Nonprofit

☐ Foreign

☐ Amendment

☐ Merger

☐ Limited Partnership

☒ LLC

Qualification

☐ Dissolution/Withdrawal

☐ Reinstatement

☐ Annual Report

☐ Name Registration

☐ Fictitious Name

☐ Mark

☐ Other

☐ Certified Copy

☐ UCC

☐ Call When Ready

☒ Walk In

☐ Mail Out

☐ Photocopies

☐ CUS

☐ After 4:30

☒ Pick Up

Name

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Document

9/26/2016

Examiner _____

Updater _____

KM

Verifier _____

W.P. Verifier _____

Order#:

10162147

Ref#:

Amount: \$

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Neos Therapeutics Brands, 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:

Hailee Kitchen

Name of Person

Neos Therapeutics, LP

Firm/Company

2940 N. Hwy 360, Suite 400

Address

Grand Prairie, TX 75050

City/State and Zip Code

hkitchen@neostx.com

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

For further information concerning this matter, please call:

Hailee Kitchen

972

408-1317

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. Neos Therapeutics Brands, 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. 35-2542235
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 09/16/2015
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 1209 Orange Street
Wilmington, DE 19801
(Street Address of Principal Office)

6. 2940 N. Hwy 360, Suite 400
Grand Prairie, TX 75050
(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 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.

By: C T Corporation System *Connie Buys*
(Registered agent's signature) (Reg)

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

Richard Eisenstadt, Chief Financial Officer
2940 N. Hwy 360, Suite 400
Grand Prairie, TX 75050

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)

Dorothy Engelking
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.

Dorothy Engelking, VP of Regulatory Affairs
Typed or printed name of signee

16 SEP 26 AM 8:35

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NEOS THERAPEUTICS BRANDS, 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 FIFTEENTH DAY OF SEPTEMBER, A.D. 2016.

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



5826333 8300

SR# 20165797443

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

A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 202997749

Date: 09-15-16