

Florida Department of State

H170002631683
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (350) 617-6383

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (512) 418-6946
Fax Number : (954) 208-0845

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please

Email Address: _____

Foreign Limited Liability Company
LGM Pharma, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

2017 OCT -5 AM 8:36

TALLAHASSEE, FLORIDA

TALLAHASSEE, FLORIDA

2017 OCT -5 A 9:37

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Electronic Filing Menu

Corporate Filing Menu

Help

FAX COVER SHEET

TO	
COMPANY	
FAXNUMBER	18506176383
FROM	Ranae McGraw
DATE	2017-10-05 16:12:08 CST
RE	LGM Pharma, LLC

COVER MESSAGE

Tyler Theis
Associate Fulfillment Specialist
Global Fulfillment Team
CT Corporation

Office (614) 280-3338
Tyler.Theis@wolterskluwer.com
GlobalFulfillmentTeam@wolterskluwer.com



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TALLAHASSEE FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LGM Pharma, 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:

Carol Siney
Name of Person

LGM Pharma, LLC
Firm/Company

3200 West End Ave, Suite 500
Address

Nashville, TN 37203
City/State and Zip Code

Carol.S@LGMPharma.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Carol Siney
Name of Contact Person

at 615
Area Code

783 2185
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

2017 OCT -5 A 08:37
TALLAHASSEE, FL 32301
DIVISION OF CORPORATIONS

FILED

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. LGM Pharma, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLC")
Not Applicable
2. Delaware
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 82-2331395
(EIN number, if applicable)
4. Upon filing
(Date first transacted business in Florida; if prior to registration, see sections 605.0904 & 605.0905, F.S. to determine priority liability)
5. 3200 West End Avenue, Suite 500
(Street Address of Principal Office)
Nashville, Tennessee 37203
6. 3200 West End Avenue, Suite 500
(Mailing Address)
Nashville, Tennessee 37203

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

(Registered agent's signature)

Jan M. DeJ

James M. Halpin
Assistant Secretary

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

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
President and Secretary	Leah Chirik 3200 West End Avenue, Suite 500 Nashville, Tennessee 37203		

(Use attachments if necessary)

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)

10. 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.

Leah Chirik

(Signature of an authorized person)

Leah Chirik

(Typed or printed name of signer)

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LGM PHARMA, 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 FIFTH DAY OF OCTOBER, A.D. 2017.

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

FILED
2017 OCT -5 A 9:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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SR# 20176497349

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

A handwritten signature in black ink, appearing to read "JB", 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: 203351285

Date: 10-05-17