Florida Department of State

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Division of Corporations

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Foreign Limited Liability Company CS1031 TAMPA PHARMA ST, LLC

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Kim Tadlock

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ktadlock@capitolservices.com

Fax No:

800-432-3622

Voice No: 855-498-5500

Subject:

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:

(Size Address of Pracepal Office) Ich Allen, VA 23060 Glen Allen, VA 23060 Glen Allen, VA 23060 Glen Allen, VA 23060 InCorp Services, Inc. Office Address: InCorp Services, Inc. Office Address: InSee 67th Court North Loxabatchee (Cap) ((Checked in Hereby a company is organized) (Checked in Hereby a constant in Horita, Il prior to registeration) (Street Address of Pracept Office) (Street Address of Florida registered agent: (P.O. Box NOT acceptable) Name: InCorp Services, Inc. Office Address: 17888 67th Court North Loxabatchee , Florida 33470 (Chy) Attered agent's acceptance: agent and to accept service of process for the above stated limited liability company at a material in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I farmantly with the provisions of all statistics relative to the proper and complete performance of my duties, and I am family incept the obligations of my position agregistered agent agent agent in the capacity. I family incept the obligations of my position agregistered agent (Rephylat agent) agents agrees. Name and Address: Title or Capacity: Name and Address: I street or Capacity: Name and Address: 10000 Nuckols Rd., Suite 200 Gilen Allen, VA. 23060	(Chao the immercial business in Horids, (Prior to registereds) (Chao the immercial business in Horids, (Prior to registereds) (See patient 455,005, F.X. to determine penelty business) (See Address of Priorogal Office) [In Alten, VA 23060] [In Alten, VA 23060] [In Alten, VA 23060] [In Corp Services, Inc. Office Address: In Corp Services agent and to accept service of process for the above stated limited liability company at a stated in this applications, I hereby accept the appointment as registered agent and agree to act in this capacity. I farmingly with the provisions of all statutes relative to the proper and complete performance of my duties, and I am family accept the obligations of my position agree; stated agent agent (Exployed agent's signature) In Corp Capacity: Name and Address: It is or Capacity: Name and Address: It i		auc agoined par gar hashone of nationalities promisers to Lycus	da. The efference manus include "Limber	s Limbility Company," "LLC," or "L
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<u>Delaware</u>

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "CS1031 TAMPA PHARMA ST, 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 THIRTIETH DAY OF OCTOBER, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CS1031 TAMPA"

PHARMA ST, LLC" WAS FORMED ON THE TWENTY-SEVENTH DAY OF OCTOBER,

A.D. 2017.

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

A.

643 图 / 131

6594893 8300 SR# 20176835876

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

Authentication: 203479726

Date: 10-30-17