

118000002298

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

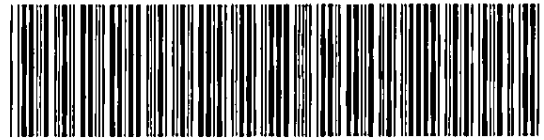
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

RECEIVED

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 097656 7862490
AUTHORIZATION : *[Signature]*
COST LIMIT : \$ 125.00

ORDER DATE : March 6, 2018
ORDER TIME : 12:27 PM
ORDER NO. : 097656-010
CUSTOMER NO: 7862490

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TALLAHASSEE, FLORIDA

FOREIGN FILINGS

NAME: POA PHARMA NORTH AMERICA LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: POA Pharma North America 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:

Name of Person

Firm/Company

Address

City/State and Zip Code

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

For further information concerning this matter, please call:

Name of Contact Person

at (_____) _____
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

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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. POA Pharma North America 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. State of Washington (Jurisdiction under the law of which foreign limited liability company is organized) 3. 46-4246258 (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. <u>4400 NE 77th Avenue</u> <small>(Street Address of Principal Office)</small>	6. <u>4400 NE 77th Avenue</u> <small>(Mailing Address)</small>
<u>Suite 275, Vancouver</u>	<u>Suite 275, Vancouver</u>
<u>WA 98662</u>	<u>WA 98662</u>

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

Name: Corporation Service Company

Office Address: 1201 Hays Street
Tallahassee, Florida 32301
(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: *Boxanne Turner*
(Registered agent's signature)

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 TALLAHASSEE
 CORPORATION

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

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<u>Please see attached</u>	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(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.

Colin Haysburn
Signature of an authorized person

COLIN HAYSBURN
Typed or printed name of signer

Section 8 – Name, title or capacity and address of the person(s) who have authority to manage are:

NAME	TITLE OR CAPACITY	ADDRESS
ROLAND SANDSTROM	CHAIRMAN	c/o 4400 NE 77 TH Avenue, Suite275, Vancouver, WA 98662
TINA MADSEN SANDSTROM	CEO	c/o 4400 NE 77 TH Avenue, Suite275, Vancouver, WA 98662
ALAN ARMSTRONG	OFFICER & DEPUTY CHAIRMAN	c/o 4400 NE 77 TH Avenue, Suite275, Vancouver, WA 98662
STEPHEN CAMPBELL	OFFICER	c/o 4400 NE 77 TH Avenue, Suite275, Vancouver, WA 98662
COLIN HAYBURN	OFFICER & SECRETARY	c/o 4400 NE 77 TH Avenue, Suite275, Vancouver, WA 98662
KEVIN STEPHENS	OFFICER & TREASURER	c/o 4400 NE 77 TH Avenue, Suite275, Vancouver, WA 98662

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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UNITED STATES OF AMERICA

The State of



Washington

Secretary of State

I, KIM WYMAN, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE

OF

POA PHARMA NORTH AMERICA LLC

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I CERTIFY that the records on file in this office show that the above named entity was formed under the laws of the State of Washington and that its public organic record was filed in Washington and became effective on 11/20/2014.

I FURTHER CERTIFY that the entity's duration is Perpetual, and that as of the date of this certificate, the records of the Secretary of State do not reflect that this entity has been dissolved.

I FURTHER CERTIFY that all fees, interest, and penalties owed and collected through the Secretary of State have been paid.

I FURTHER CERTIFY that the most recent annual report has been delivered to the Secretary of State for filing and that proceedings for administrative dissolution are not pending.

Issued Date: 03/06/2018
UBI Number: 603 343 796



Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Kim Wyman, Secretary of State

Date Issued: 03/06/2018