

M19000003828

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

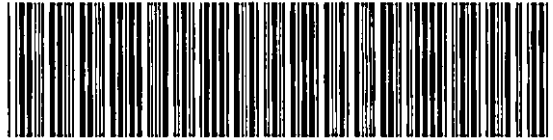
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000327514550

04/12/19--01024--023 \*\*125.00

2019 APR 12 PM 3:35  
TALLAHASSEE, FLORIDA

FILED

4/16/19

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** CinRx 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:

Stephen Ewald  
\_\_\_\_\_ Name of Person  
Medpace, Inc.  
\_\_\_\_\_ Firm/Company  
5375 Medpace Way  
\_\_\_\_\_ Address  
Cincinnati, OH 45227  
\_\_\_\_\_ City/State and Zip Code  
s.ewald@medpace.com  
\_\_\_\_\_ E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Stephen Ewald at ( 513 ) 579-9911, Ext: 12055  
\_\_\_\_\_ 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:  
Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- \$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. CinRx Pharma, 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 Ohio (Jurisdiction under the law of which foreign limited liability company is organized)
3. 47-4689250 (FEI number, if applicable)

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

5. 5375 Medpace Way (Street Address of Principal Office)
Cincinnati, OH 45227
6. 5375 Medpace Way (Mailing Address)
Cincinnati, OH 45227

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

Name: Dr. August J. Troendle
Office Address: 1492 Corona Lane
Vero Beach, Florida 32963
(City) (Zip code)

FILED
2019 APR 12 PM 3:35
TALLAHASSEE, FLORIDA

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.

(Registered agent's signature)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

**Title or Capacity:**  Manager **Name and Address:** Name: Dr. August J. Troendle  
 Member Address: 1492 Corona Lane  
 Authorized Vero Beach, FL 32963  
 Person \_\_\_\_\_  
 Other \_\_\_\_\_  Other \_\_\_\_\_

**Title or Capacity:**  Manager **Name and Address:** Name: Dr. Jonathan Isaacsohn  
 Member Address: 9170 Ambercreek Dr.  
 Authorized Cincinnati, OH 45237  
 Person \_\_\_\_\_  
 Other \_\_\_\_\_  Other \_\_\_\_\_

Manager **Name:** Stephen Ewald  
 Member **Address:** 6513 Madeira Hills Dr.  
 Authorized Cincinnati, OH 45243  
 Person \_\_\_\_\_  
 Other \_\_\_\_\_  Other \_\_\_\_\_

Manager **Name:** Jesse Geiger  
 Member **Address:** 9 Rose Lane Farm  
 Authorized Loveland, OH 45150  
 Person \_\_\_\_\_  
 Other \_\_\_\_\_  Other \_\_\_\_\_

Manager **Name:** \_\_\_\_\_  
 Member **Address:** \_\_\_\_\_  
 Authorized \_\_\_\_\_  
 Person \_\_\_\_\_  
 Other \_\_\_\_\_  Other \_\_\_\_\_

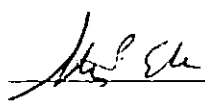
Manager **Name:** \_\_\_\_\_  
 Member **Address:** \_\_\_\_\_  
 Authorized \_\_\_\_\_  
 Person \_\_\_\_\_  
 Other \_\_\_\_\_  Other \_\_\_\_\_

2018 APR 12 PM 3:36  
 FILED  
 TALLAHASSEE FLORIDA  
 COUNTY CLERK'S OFFICE

**Important Notice:** Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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.

  
 \_\_\_\_\_  
 Signature of an authorized person

Stephen Ewald  
 \_\_\_\_\_  
 Typed or printed name of signee

UNITED STATES OF AMERICA  
STATE OF OHIO  
OFFICE OF THE SECRETARY OF STATE

*I, Frank LaRose, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show CINRX PHARMA, LLC, an Ohio For Profit Limited Liability Company, Registration Number 2415175, was organized within the State of Ohio on July 28, 2015, is currently in FULL FORCE AND EFFECT upon the records of this office.*



*Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 11th day of April, A.D. 2019.*

A handwritten signature in cursive script that reads "Frank LaRose".

**Ohio Secretary of State**

Validation Number: 201910101588