

M19000007565

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

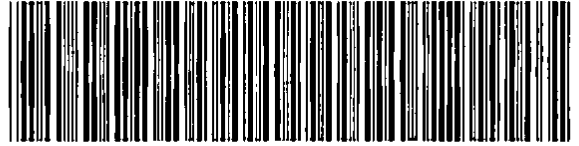
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600331968946

07/26/19--01005--026 **125.00

FILED
2019 JUL 26 PM 4:31
TALLAHASSEE, FL

B KINSEY
AUG 07 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Acetris Pharma Holdings, 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:

Jennifer Schneider

Name of Person

State License Servicing

Firm/Company

1751 State Route 17A, Suite 3

Address

Florida, NY 10921

City/State and Zip Code

vnooty@risingpharma.com

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

For further information concerning this matter, please call:

Jennifer Schneider

at (845) 544-2482

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

2019 JUL 26 PM 4:31

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. Acetris Pharma Holdings, 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
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 83-4160034
(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. 1100 Cornwall Road, Suite 110
(Street Address of Principal Office)

6. 1100 Cornwall Road, Suite 110
(Mailing Address)

Monmouth Junction, NJ 08852

Monmouth Junction, NJ 08852

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

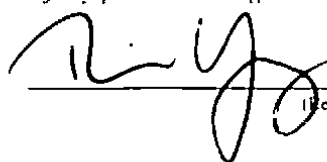
Name: InCorp Services, Inc.

Office Address: 17888 67th Court North

Loxahatchee, Florida 33470
(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.



Desiree Young on behalf of InCorp Services, Inc.

(Registered agent's signature)

2019 JUL 26 PM 4:31

FILED

11. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

CEO Vimal Kavuru

~~President:~~ _____

Address: 1100 Cornwall Road, Suite 110

Monmouth Junction, NJ 08852

Vice President: _____

Address: _____

Secretary: Kalyani Jasti

Address: 1100 Cornwall Road, Suite 110, Monmouth Junction, NJ 08852

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. _____

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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.

13. Christine Cannon Attorney-in-Fact on Behalf of Vimal Kavuru CEO, of Rising Pharma Holdings, Inc.

(Typed or printed name and capacity of person signing application)

2019 JUL 26 PM 4:31

FILED

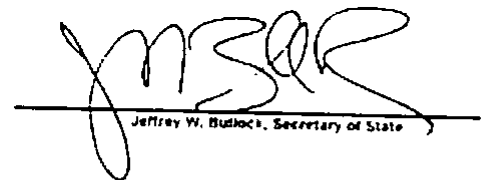
Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "ACETRIS PHARMA HOLDINGS, 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 NINETEENTH DAY OF JULY, A.D. 2019.




Jeffrey W. Bullock, Secretary of State

7346487 8300

SR# 20196060109

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

Authentication: 203252293

Date: 07-19-19

LIMITED POWER OF ATTORNEY

BE IT KNOWN, that VIMAL KAVURU of ACETRIS PHARMA HOLDINGS, LLC with principal offices at 2 TOWER CTR BLVD, 1401B, EAST BRUNSWICK, NJ 08816 in the capacity of CEO has made and appointed, and by these presents does make and appoint Christine Cannon of State License Servicing Inc., 1751 State Rte. 17A, Suite 3, Florida, NY 10921, true and lawful attorney-in-fact for her and in her name, place and stead, for the following specific and limited purposes only:

Application, servicing and renewals of all state licenses, permits, business licenses, foreign qualifications, and drug and device product registrations required for ACETRIS PHARMA HOLDING, LLC to operate as a manufacturer and/or wholesale distributor in all states, as required. This Power of Attorney specifically precludes and limits State License Servicing Inc.'s power and authority from receiving, answering or defending any complaint or disciplinary action against ACETRIS PHARMA HOLDINGS, LLC by any state or federal authority, but giving and granting said attorney, full power and authority to do and perform all and every act and thing whatsoever necessary to be done in and about the specific and limited premises (set out herein) as fully, to all intents and purposes, as might or could be done if I were personally present, with full power of substitution and revocation, hereby ratifying and confirming all that said attorney shall lawfully do or cause to be done by virtue hereof. This Power of Attorney ☒ does ☐ does not name State License Servicing Inc as Representative Agent in Puerto Rico on behalf of ACETRIS PHARMA HOLDINGS, LLC to act in the capacity of representative agent as defined by Puerto Rico law. State License Servicing will act as a liaison only in Puerto Rico, at no time will have possession of any drugs, and will file and process paperwork only.

IN WITNESS WHEREOF, I have hereunto set my hand and seal

this 24 day of APRIL, 2019.

VIMAL KAVURU

State of NJ
County of MIDDLESEX

The foregoing instrument subscribed and sworn to before me this 24 day of April, 2019 by Vimal Kavuru who is personally known by me or who has produced SELF as identification.

[Signature]
Notary Public
State of
My Commission Expires

TARA MIHANS
(SEAL) NOTARY PUBLIC-STATE OF NEW YORK
No. 01MI6350153
Qualified In Orange County
My Commission Expires November 14, 2020

[Signature] Date: 5/3/19
Accepted: Christine Cannon, Attorney-in-Fact