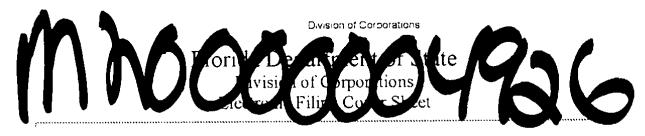
6/2/2020



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(((H20000164925 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : I20000000195 : (850)521-0821 Phone : (850)558-1515 Fax Number

\*\*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 RVL PHARMACY, LLC

Certificate of Status	0
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#### COVER LETTER

SJECT: Name	e of Limited Liability Company
enclosed "Application by Foreign Limited Liability (stence, and check are submitted to register the above)	Company for Authorization to Transact Business in Florida," Certi referenced foreign limited liability company to transact business in
ise return all correspondence concerning this matter to	o the following.
	Name of Person
	Firm/Company
	Address
C	Sity/State and Zip Code
E-mail address: (to be	used for future annual report notification)
further information concerning this matter, please ca	
Name of Contact Person	at ()
Mailing Address: Registration Section	Street Address: Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassec, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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#### H20000164925 3

# APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPILANCE WITH SECTION 605.00C. FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPIANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

RVI. Pharmacy. LLC.

	name adopted for the purpose of transacting business in $\mathbb N$			hability Comp	eny," "L.C.C	C," or "ELEC
DE		85-06561	32			
	ion under the law of which foreign limited liability company is organized)		3. (ED) number, if applicable)			
() Crissics on Grant are say or w	Hen to eight attitude amounty company to sugarmous		(a	,,,		
upon filing						
	Date first transacted business in Fiorida, if prior to (See sections 505 1/904 & 605,0905, F.S. to determine	registration ; ne pensity liability)				
2500 Main St. Exter	sion Suite 10	400 Cross	-			
		6	Address)			
reet Address of Principal Office)						
Sayreville, NJ 08872		Bridgewate	er, NJ 08807			
7. Name and street addre	ss of Florida registered agent. (P.O. Box	NOT acceptable)			- unc H	
	ss of Florida registered agent. (P.O. Box Corporation Service Company	NOT acceptable)		Section 1	- UNK #	
Name and <u>street addre</u> Name:		NOT acceptable)		Section 1	- מטג ויי	
	Corporation Service Company			Section 1	BY Zun - 2 A C E	
Name:	Corporation Service Company  1201 Hays Street		32301		FI JUN - ? A .	
Name:	Corporation Service Company 1201 Hays Street			Section 1	BY Zun - 2 A C E	

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.

KADESHA ROBERSON, ASST. VICE PRESIDENT

5/006

#### H20000164925 3

8. For initial indexing purposes, list names, title or canacity and addresses of the primary members/managers or persons authorized to

fitle or Capacity:	Name and Address:	Title or Capacit	<u>v:</u>	Name and Address
□Manager	RVL Pharmaceuticals Inc.	□Manager	Name:	
XIMember	400 Crossing Blvd, Address:	□Member	Address:	
∃Authorized	Bridgewater, NJ 08807	□Authorized		
Person		Person		····
]Other	Other	□Other	<del></del>	[]Other
∃Manager	Name.	□Manager	Name.	
IMember	Address.	□Member	Address: _	
Authorized		□Authorized		
Person		Person	<u></u>	
Other	□Other	□Othei		[]Other
ll Manager	Name	□Manager	Name.	
]Member	Address.	□Member	Address.	
] Authorized		□ Authorized	····	
Person		Person		
□Other		□Other		Other

- 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.

Clinistopher Fleir
Christopher Klein, General Counsel, RVL Pharmaceuticals Inc., Member

#### H20000164925 3



Page 1

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

DELAWARE, DO HEREBY CERTIFY "RVL PHARMACY, 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 MAY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "RVL PHARMACY,

LLC" WAS FORMED ON THE SIXTEENTH DAY OF MARCH, A.D. 2020.

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

Authentication: 202878361

Date: 05-05-20