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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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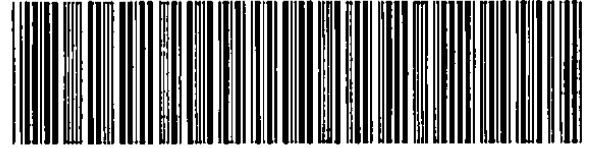
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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CLERK OF COURT

US
2/20/21

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: VALCREST PHARMACEUTICALS 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:

ROBERT F PEPE

Name of Person

ROBERT F PEPE.CPA

Firm/Company

731 RAYMERE AVENUE

Address

INTERLAKEN NEW JERSEY 07712

City/State and Zip Code

BOBPEPE@AOL.COM

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

For further information concerning this matter, please call:

ROBERT F. PEPE

732

610-1830

at ()

Name of Contact Person

Area Code

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

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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. VALCREST PHARMACEUTICALS 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. 47-3299425

(FEI number, if applicable)

4. UPON QUALIFICATION

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

5. 999 VANDERBILT BEACH ROAD SUITE 200

(Street Address of Principal Office)

NAPLES, FLORIDA 34108

6. 999 VANDERBILT BEACH ROAD SUITE 200

(Mailing Address)

NAPLES, FLORIDA 34108

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

Name: BRIAN J SMITH

Office Address: 2538 ESCADA COURT

NAPLES

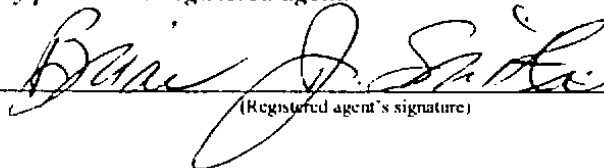
(City)

, Florida 34109

(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.



(Registered agent's signature)

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CLERK OF CIRCUIT COURT
IN AND FOR THE COUNTY OF S.W. FLA.

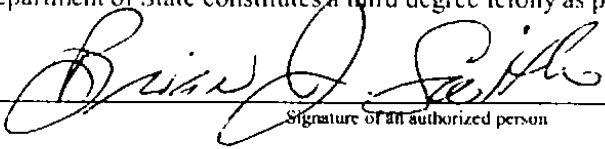
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>BRIAN J SMITH</u>	<input type="checkbox"/> Manager	Name: <u>EVANTIN PARRINELLO</u>
<input type="checkbox"/> Member	Address: <u>2538 ESCADA COURT</u>	<input checked="" type="checkbox"/> Member	Address: <u>809 ARROYO ROAD</u>
<input checked="" type="checkbox"/> Authorized	<u>NAPLES .FLORIDA 34109</u>	<input type="checkbox"/> Authorized	<u>LOS ALTOS,CA 94024</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>SMITH FAMILY 2012 GS712LS</u>	<input type="checkbox"/> Manager	Name: <u>RYAN PITHANIN CATTIA</u>
<input checked="" type="checkbox"/> Member	Address: <u>2538 ESCADA COURT</u>	<input checked="" type="checkbox"/> Member	Address: <u>955 VANNEBILT DR</u>
<input type="checkbox"/> Authorized	<u>NAPLES.FLORIDA 34109</u>	<input type="checkbox"/> Authorized	<u>SUITE 200</u>
Person	_____	Person	<u>NAPLES,FLORIDA 34108</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>THE GREENHOUSE FAMILY OWNERS</u>	<input type="checkbox"/> Manager	Name: <u>JOFF GREENHOUSE FAMILY</u>
<input checked="" type="checkbox"/> Member	Address: <u>1201 N. MARKET STREET</u>	<input checked="" type="checkbox"/> Member	Address: <u>1201 N. MARKET STREET</u>
<input type="checkbox"/> Authorized	<u>SUITE 1002</u>	<input type="checkbox"/> Authorized	<u>SUITE 1002</u>
Person	<u>WILMINGTON,DE 19801</u>	Person	<u>WILMINGTON,DE 19801</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

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
BRIAN J SMITH

Typed or printed name of signee

NAME OF FOREIGN LIMITED LIABILITY COMPANY-VALCREST PHARMACEUTICALS LLC

ATTACHMENT TO APPLICATION NUMBER 8- ADDITIONAL NAMES, TITLE OR CAPACITY AND ADDRESSES

TITLE OR CAPACITY-MEMBER

BRAD GREATHOUSE FAMILY TRUST

1201 N. MARKET STREET
SUITE 1002
WILMINGTON, DE 19801

TITLE OR CAPACITY-MEMBER

SCOTT GREATHOUSE FAMILY TRUST

1201 N. MARKET STREET
SUITE 1002
WILMINGTON, DE 19801

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Delaware

Page 1

The First State


I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "VALCREST PHARMACEUTICALS, 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 FIRST DAY OF FEBRUARY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "VALCREST PHARMACEUTICALS, LLC" WAS FORMED ON THE TWENTY-FOURTH DAY OF FEBRUARY, A.D. 2015.

2021 FEB 15 PM 2:11

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Jeffrey W. Bullock, Secretary of State

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SR# 20210105191

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

Authentication: 202415528

Date: 02-01-21