

4/13/2021

N2100004375

Division of Corporations
 Form Department of State
 Division of Corporations
 State of Maryland

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations
 Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
 Account Number : FCA000000023
 Phone : (614)280-3338
 Fax Number : (954)208-0845

****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
 New Vision Pharmaceuticals LLC**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

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Handwritten signature and date: 4/13/21

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. New Vision 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. State of Delaware

86-2297582

(Jurisdiction under the law of which foreign limited liability company is organized)

(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.)

c/o MS Capital Partners Adviser Inc.

New Vision Pharmaceuticals LLC

(Street Address of Principal Office)

(Mailing Address)

1585 Broadway

10200 NW 67th Street

New York, NY 10036

Tamarac, FL 33321

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

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation

33324

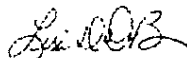
(City)

Florida

(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.



Lisa D. DuBois, Assistant Secretary

(Registered agent's signature)

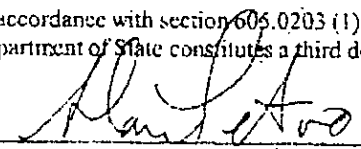
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity:		Name and Address:		Title or Capacity:		Name and Address:	
<input type="checkbox"/> Manager	Name:	Frederik J Wijsenbeck		<input type="checkbox"/> Manager	Name:	Chengkai Hu	
<input type="checkbox"/> Member	Address:	350 West 50th Street, 16i		<input type="checkbox"/> Member	Address:	1235 Park Avenue, #11D	
<input type="checkbox"/> Authorized		New York, NY 10019		<input type="checkbox"/> Authorized		New York, NY 10128	
Person				Person			
<input checked="" type="checkbox"/> Other	Director	<input type="checkbox"/> Other		<input checked="" type="checkbox"/> Other	Director	<input type="checkbox"/> Other	
<input type="checkbox"/> Manager	Name:	Alan Petro		<input type="checkbox"/> Manager	Name:		
<input type="checkbox"/> Member	Address:	1761 NW 126th Drive		<input type="checkbox"/> Member	Address:		
<input checked="" type="checkbox"/> Authorized		Coral Springs, FL 33071		<input type="checkbox"/> Authorized			
Person				Person			
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Manager	Name:			<input type="checkbox"/> Manager	Name:		
<input type="checkbox"/> Member	Address:			<input type="checkbox"/> Member	Address:		
<input type="checkbox"/> Authorized				<input type="checkbox"/> Authorized			
Person				Person			
<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 005.0203 (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

Alan Petro
Typed or printed name of signer

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NEW VISION 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 THIRTEENTH DAY OF APRIL, A.D. 2021.

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

FILED
2021 APR 13 PM 4:46
SECRETARY OF STATE
DELAWARE



4293045 8300

SR# 20211277637

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


Jeffrey W. Bullock, Secretary of State

Authentication: 202956176

Date: 04-13-21