

M22000000999

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

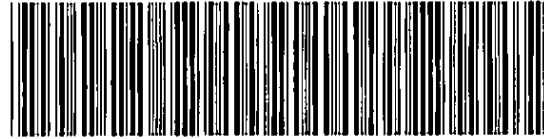
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2022 JAN 20 AM 11:34

STATE
ALLAHASSEE, FLORIDA

FILED

22 JAN 20 AM 10:13

T. LEMIEUX
JAN 21 2022

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 417666 7772666

AUTHORIZATION :

COST LIMIT : \$ 125.00

ORDER DATE : January 19, 2022

ORDER TIME : 9:03 AM

ORDER NO. : 417666-005

CUSTOMER NO: 7772666

FOREIGN FILINGS

NAME: CHOU2 PHARMA, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER: _____

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Chou2 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:

Steven J. Feder
Name of Person
GenCounsel, LLC
Firm/Company
8 Coopertown Road
Address
Haverford, PA 19041
City/State and Zip Code
sfeder@gencounsel.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Steven J. Feder 610 357-1574
Name of Contact Person at () Daytime Telephone Number
Area Code

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

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. Chou2 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. Delaware 3. 86-2186579
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

That date that the registration is filed with the Florida Department of State.
4. _____
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 1236 Montgomery Avenue 6. 1236 Montgomery Avenue
(Street Address of Principal Office) (Mailing Address)
Narberth, PA 19072 Narberth, PA 19072

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

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301
(City) (Zip code)

FILED
22 JUN 20 AM 10:14

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.

Corporation Service Company

By: Eyline Bahar
(Registered agent's signature) Assistant Vice President

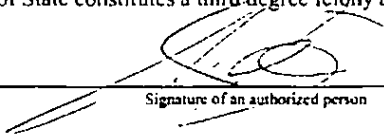
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>Joseph Wakim</u>	<input checked="" type="checkbox"/> Manager	Name: <u>John Payne</u>
<input type="checkbox"/> Member	Address: <u>1236 Montgomery Avenue</u>	<input type="checkbox"/> Member	Address: <u>9900 NE 114th Circle</u>
<input type="checkbox"/> Authorized	<u>Narberth, PA 19072</u>	<input type="checkbox"/> Authorized	<u>Vancouver, WA 98662</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input checked="" type="checkbox"/> Manager	Name: <u>Stuart Wilcox</u>	<input type="checkbox"/> Manager	Name: <u>Alexandra Wakim</u>
<input type="checkbox"/> Member	Address: <u>1101 Reeves Street</u>	<input type="checkbox"/> Member	Address: <u>1236 Montgomery Avenue</u>
<input type="checkbox"/> Authorized	<u>Woodstock, GA 30188</u>	<input checked="" type="checkbox"/> Authorized	<u>Narberth, PA 19072</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>Flor Gilmour Nin</u>	<input type="checkbox"/> Manager	Name: <u>Steven J. Feder</u>
<input type="checkbox"/> Member	Address: <u>10021 SW 97th Ct.</u>	<input type="checkbox"/> Member	Address: <u>8 Coopertown Road</u>
<input checked="" type="checkbox"/> Authorized	<u>Miami, FL 33176</u>	<input checked="" type="checkbox"/> Authorized	<u>Haverford, PA 19041</u>
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 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

Steven J. Feder

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 "CHOU2 PHARMA, 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 JANUARY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CHOU2 PHARMA, LLC" WAS FORMED ON THE FIFTEENTH DAY OF FEBRUARY, A.D. 2021.

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



A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

5106893 8300

SR# 20220178663

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

Authentication: 202434769

Date: 01-19-22

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Steven J. Feder
Name of Person
GenCounsel, LLC
Firm/Company
8 Coopertown Road
Address
Haverford, PA 19041
City/State and Zip Code
sfeder@gencounsel.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Steven J. Feder at (610) 357-1574
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

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