

**M 22000014138**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From:  
Account Name : INCORP SERVICES INC  
Account Number : I20120000007  
Phone : (702)866-2500  
Fax Number : (702)900-2290

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: documents@incorp.com

**Foreign Limited Liability Company  
VistaPharm, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$155.00

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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: VistaPharm, 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:

Kim Barajas

Name of Person

InCorp Services, Inc.

Firm/Company

3773 Howard Hughes Pkwy. - Suite 500S

Address

Las Vegas, NV 89169-6014

City/State and Zip Code

documents@incorp.com

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

For further information concerning this matter, please call:

Kim Barajas

on behalf of InCorp Services, Inc.

800-246-2677

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 (602, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY  
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. VistaPharm, 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. Alabama  
(Jurisdiction under the law of which foreign limited liability company is organized)

3.   
(FBI number, if applicable)

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

5. Round Table Studios C/O Vertice, 200 Connell Drive  
(Street Address of Principal Office)

6. Round Table Studios C/O Vertice, 200 Connell Drive  
(Mailing Address)

Berkeley Heights, NJ 07922

Berkeley Heights, NJ 07922

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

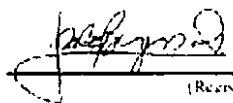
Name: InCorp Services, Inc.

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.



Isabel Burgos on behalf of Incorp Services, Inc.

(Registered agent's signature)

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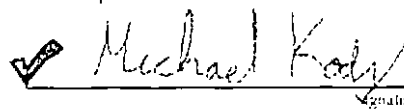
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>Kurt J. Orlofski</u>	<input type="checkbox"/> Manager	Name: <u>Michael Allen Kody</u>
<input type="checkbox"/> Member	Address: <u>Round Table Studios C/O Vertice</u>	<input type="checkbox"/> Member	Address: <u>Round Table Studios C/O Vertice</u>
<input type="checkbox"/> Authorized	<u>200 Connell Drive</u>	<input type="checkbox"/> Authorized	<u>200 Connell Drive</u>
Person	<u>Berkeley Heights, NJ 07922</u>	Person	<u>Berkeley Heights, NJ 07922</u>
<input checked="" type="checkbox"/> Other <u>CFO</u>	<input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Other <u>CFO</u>	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	Name: <u>Brandon M. Rockwell</u>	 <input type="checkbox"/> Manager	Name: <u>Vertice Pharma LLC</u>
<input type="checkbox"/> Member	Address: <u>Round Table Studios C/O Vertice</u>	<input checked="" type="checkbox"/> Member	Address: <u>630 Central Avenue</u>
<input type="checkbox"/> Authorized	<u>200 Connell Drive</u>	<input type="checkbox"/> Authorized	<u>New Providence, NJ 07974</u>
Person	<u>Berkeley Heights, NJ 07922</u>	Person	_____
<input checked="" type="checkbox"/> Other <u>COO</u>	<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 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.

 Michael Kody

Signature of an authorized person

Michael Allen Kody

Typed or printed name of signer

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John H. Merrill  
Secretary of State

P.O. Box 5616  
Montgomery, AL 36103-5616

# STATE OF ALABAMA

**I, John H. Merrill, Secretary of State of Alabama, having custody of the  
Great and Principal Seal of said State, do hereby certify that**

the entity records on file in this office disclose that VistaPharm, LLC was formed  
in 59, Alabama on February 27, 1998. The Alabama Entity Identification number  
for this entity is 000-193910. I further certify that the records do not disclose that  
said entity has been dissolved, cancelled or terminated.



20220908000023542

In Testimony Whereof, I have hereunto set my  
hand and affixed the Great Seal of the State, at the  
Capitol, in the city of Montgomery, on this day.

09/08/2022

Date

A handwritten signature in cursive script, reading "J. H. Merrill".

John H. Merrill

Secretary of State

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