

11/9/22, 2:50 PM

Division of Corporations

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**Foreign Limited Liability Company  
Mayne Pharma Commercial LLC**

|                       |          |
|-----------------------|----------|
| Certificate of Status | 0        |
| Certified Copy        | 1        |
| Page Count            | 04       |
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S. FRANKLIN  
NOV 10 2022

# 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. Mayne Pharma Commercial 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. North Carolina 3. 56-1870457  
(Jurisdiction under the law of which foreign limited liability company is organized) (TEL number, if applicable)

4. Upon Filing  
(Date first transacted business in Florida, if prior to registration)  
(See sections 605.0901 & 605.0905, F.S. to determine penalty liability)

5. 3301 Benson Dr 6. 3301 Benson Dr  
(Street Address of Principal Office) (Mailing Address)

Ste 401 Ste 401

Raleigh, NC 27609 Raleigh, NC 27609

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, Florida 33324  
(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.

By: C.T Corporation System Kaity Toon Kaity Toon, Assistant  
(Registered agent's signature) Secretary

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>Mayne Pharma US Holdings Inc.</u> | <input type="checkbox"/> Manager     | Name: _____                          |
| <input checked="" type="checkbox"/> Member | Address: <u>3301 Benson Dr</u>             | <input type="checkbox"/> Member      | Address: _____                       |
| <input type="checkbox"/> Authorized        | <u>Ste 401</u>                             | <input type="checkbox"/> Authorized  | _____                                |
| Person                                     | <u>Raleigh, NC 27609</u>                   | Person                               | _____                                |
| <input type="checkbox"/> Other _____       | <input type="checkbox"/> Other _____       | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |
| <br><input type="checkbox"/> Manager       | <br>Name: _____                            | <br><input type="checkbox"/> Manager | <br>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 _____ |
| <br><input type="checkbox"/> Manager       | <br>Name: _____                            | <br><input type="checkbox"/> Manager | <br>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.

*Denise Bell*

Signature of an authorized person

DENISE BELL, SECRETARY

Typed or printed name of signer



# NORTH CAROLINA

## Department of the Secretary of State

### CERTIFICATE OF EXISTENCE (Limited Liability Company)

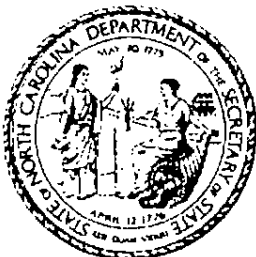
I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

#### MAYNE PHARMA COMMERCIAL LLC

is a limited liability company duly formed, and existing under the laws of the State of North Carolina, having been formed on 29th day of September, 2022

I FURTHER certify that, as of the date of this certificate, (i) the said limited liability company is not dissolved under the terms of its articles of organization, (ii) the said limited liability company's articles of organization are not suspended for failure to comply with the Revenue Act of the State of North Carolina, (iii) that said limited liability company is not administratively dissolved for failure to comply with the provisions of the North Carolina Limited Liability Company Act, (iv) that this office has not filed any decree of judicial dissolution, articles of dissolution, articles of merger, or articles of conversion for said limited liability company.

6:02  
2022



Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 8th day of November, 2022.

*Elaine F. Marshall*

Secretary of State