

To:

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2023-10-18 08:46:51 CST

12122023573

From: David Thomas

M230000/3435

Florida Department of State  
Division of Corporations  
Business Filing Cover Sheet

**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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**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 : C T CORPORATION SYSTEM  
Account Number : FCA00000023  
Phone : (954)208-0845  
Fax Number : (614)573-3996

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

Email Address: vooss.deanna@endo.com

**Foreign Limited Liability Company  
PAR STERILE PRODUCTS LLC**

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

RECEIVED

2023 OCT 18 AM 10:59

STATE OF FLORIDA  
DIVISION OF CORPORATIONS

SECRETARY OF STATE  
TALLAHASSEE, FL

2023 OCT 18 AM 10:05

FILED

**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. Par Sterile Products, 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. 26-0226105  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. upon filing  
(Date first commenced business in Florida; if prior to registration, (See sections 605.0904 & 605.0905, F.S. to determine penalty liability))

5. 300 Tice Boulevard, Suite 230 6. 300 Tice Boulevard, Suite 230  
(Street Address of Principal Office) (Mailing Address)

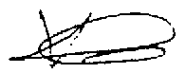
Woodcliff Lake, New Jersey 07677 Woodcliff Lake, New Jersey 07677

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  
Florida  
(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   
(Registered agent's signature) Kimberly Bowers - Assistant Secretary

**FILED**  
2023 OCT 18 AM 10:05  
SECRETARY OF STATE  
TALLAHASSEE, FL

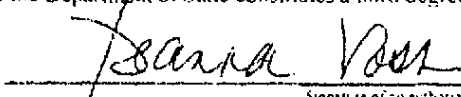
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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>JHP Acquisition, LLC</u>	<input type="checkbox"/> Manager	Name: <u>Patrick A. Barry</u>
<input type="checkbox"/> Member	Address: <u>300 Tice Boulevard, Suite 300</u>	<input type="checkbox"/> Member	Address: <u>300 Tice Boulevard, Suite 300</u>
<input type="checkbox"/> Authorized	<u>Woodcliff Lake, New Jersey 07677</u>	<input checked="" type="checkbox"/> Authorized	<u>Woodcliff Lake, New Jersey 07677</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>Tracy Basso</u>	 <input type="checkbox"/> Manager	Name: <u>John D. Boyle</u>
<input type="checkbox"/> Member	Address: <u>300 Tice Boulevard, Suite 300</u>	<input type="checkbox"/> Member	Address: <u>300 Tice Boulevard, Suite 300</u>
<input checked="" type="checkbox"/> Authorized	<u>Woodcliff Lake, New Jersey 07677</u>	<input checked="" type="checkbox"/> Authorized	<u>Woodcliff Lake, New Jersey 07677</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>Mark T. Bradley</u>	 <input type="checkbox"/> Manager	Name: <u>Lawrence M. Brown</u>
<input type="checkbox"/> Member	Address: <u>300 Tice Boulevard, Suite 300</u>	<input type="checkbox"/> Member	Address: <u>300 Tice Boulevard, Suite 300</u>
<input checked="" type="checkbox"/> Authorized	<u>Woodcliff Lake, New Jersey 07677</u>	<input checked="" type="checkbox"/> Authorized	<u>Woodcliff Lake, New Jersey 07677</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  
 Deanna Voss

To

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12122023573

From: David Thomas

Name	Title	Address
Blaise A. Coleman	Authorized Person	300 Tice Boulevard, Suite 230 Woodcliff Lake, New Jersey 07677
Matthew J. Maletta	Authorized Person	300 Tice Boulevard, Suite 230 Woodcliff Lake, New Jersey 07677
Thomas Neylon	Authorized Person	300 Tice Boulevard, Suite 230 Woodcliff Lake, New Jersey 07677
Frank B. Raciti	Authorized Person	300 Tice Boulevard, Suite 230 Woodcliff Lake, New Jersey 07677
Deanna Voss	Authorized Person	300 Tice Boulevard, Suite 230 Woodcliff Lake, New Jersey 07677

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PAR STERILE PRODUCTS, 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 SEVENTEENTH DAY OF OCTOBER, A.D. 2023.

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



  
Jeffrey W. Bullock, Secretary of State