

M24000012458

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

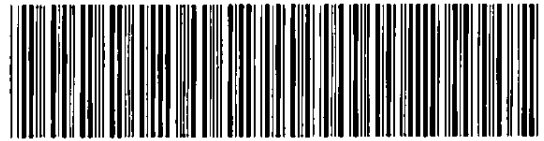
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2024 SEP 30 11:05

RECEIVED  
2024 SEP 30 AM 9:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

OCT 01 2024

K Brumbie

MS

**CT CORP**  
**(850) 656- 4724**  
**3458 lakesore Drive**  
**Tallahassee, FL 32312**

**Date:** 09/30/2024

Acc#120160000072

*eric DW*

|             |                                   |
|-------------|-----------------------------------|
| Name:       | JOM Pharmaceutical Services, Inc. |
| Document #: |                                   |
| Order #:    | 15888820 - 2                      |

|                                   |                          |                             |  |
|-----------------------------------|--------------------------|-----------------------------|--|
| Certified Copy of Arts & Amend:   | <input type="checkbox"/> | 1-2 filing registration 2nd |  |
| Plain Copy:                       | <input type="checkbox"/> |                             |  |
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Email Address for Annual Report Notifications:

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|---------------------|
| Availability _____  |
| Document _____      |
| Examiner _____      |
| Updater _____       |
| Verifier _____      |
| W.P. Verifier _____ |
| Ref# _____          |

Amount: \$ **155.00**

Thank you!

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: JOM Pharmaceutical Services, 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 Richard Bechtler

\_\_\_\_\_  
Name of Person

McCarter & English, LLP

\_\_\_\_\_  
Firm/Company

Four Gateway Center, 100 Mulberry St.

\_\_\_\_\_  
Address

Newark, NJ 07102

\_\_\_\_\_  
City/State and Zip Code

askcorpsec@its.jnj.com

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

For further information concerning this matter, please call:

Steven Richard Bechtler

973

849-4069

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
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

**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. JOM Pharmaceutical Services, 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. 30-0390850  
(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)

5. 1 Cottontail Lane 6. 1 Cottontail Lane  
(Street Address of Principal Office) (Mailing Address)  
Somerset, NJ 08873 Somerset, NJ 08873

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)

2021 SEP 30 PM 5:05

**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.*

C T Corporation System  
By: Meredith Hellwig, Assistant Secretary *Meredith Hellwig*  
(Registered agent's signature)

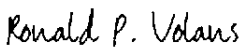
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

| <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>Johnson &amp; Johnson</u>              | <input type="checkbox"/> Manager     | Name: _____                          |
| <input checked="" type="checkbox"/> Member | Address: <u>One Johnson &amp; Johnson Plaza</u> | <input type="checkbox"/> Member      | Address: _____                       |
| <input type="checkbox"/> Authorized        | <u>New Brunswick, NJ 08933</u>                  | <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 _____ |
| <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.

Signed by:  
  
 0A903001C2C144A...

Signature of an authorized person

Ronald P. Volans

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 "JOM PHARMACEUTICAL SERVICES, 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 TWENTY-FIFTH DAY OF SEPTEMBER, A.D. 2024.

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



4200362 8300

SR# 20243784197

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

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.

Jeffrey W. Bullock, Secretary of State

Authentication: 204481790

Date: 09-25-24